



DIABETES AND KIDNEY DISEASE

A SELECTED ANNOTATED BIBLIOGRAPHY

1989

**Diabetes and Kidney Disease
A Selected Annotated Bibliography
1989**

Prepared by the
National Diabetes Information Clearinghouse
and
National Kidney and Urologic Diseases Information Clearinghouse

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service • National Institutes of Health
National Institute of Diabetes and Digestive and Kidney Diseases

NIH Publication No. 89-3070
June 1989

TABLE OF CONTENTS

Introduction.....	v
Professional Resources: Print Materials.....	1
Professional Resources: Nonprint Materials.....	31
Patient Resources: Print Materials.....	37
Patient Resources: Nonprint Materials.....	53
Subject Index.....	55
Title Index.....	57
About NDIC and NKUDIC.....	64

INTRODUCTION

Kidney disease is one of the major complications of diabetes mellitus. It is associated with both insulin-dependent diabetes mellitus (IDDM) and noninsulin-dependent diabetes mellitus (NIDDM), but it is especially prevalent among patients with IDDM. Almost one-third of patients newly diagnosed with end-stage renal disease have diabetes.

Diabetes and Kidney Disease is a joint effort of the National Diabetes Information Clearinghouse (NDIC) and the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC). The bibliography presents a comprehensive listing of patient and professional educational resources related to diabetic nephropathy. It lists print and nonprint materials, including audiovisuals for health professionals and patients, materials for patients with limited reading ability, Spanish-language materials, cookbooks, and journal articles for professionals involved in patient care. All materials listed have been produced since 1980. Citations are listed alphabetically within the following sections: professional materials, print; professional materials, nonprint; patient materials, print; and patient materials, nonprint.

Each citation in the bibliography presents the following information:

- Title and author
- Type of media (nonprint items)
- Publisher (print items) or producer (nonprint items)
- Publisher's or producer's address, price of the item, and ordering information
- Summary or description of the item

All citations are from the NDIC and NKUDIC subfiles of the Combined Health Information Database (CHID), which is available through BRS Information Technologies, a national database vendor. This system can be accessed through most large public, university, and medical libraries. Individuals with personal computers also can access CHID by subscribing to the BRS service. To receive subscription information, please write or call: BRS Information Technologies, 1200 Route 7, Latham, NY 12110, (800) 345-4277. The database is updated quarterly. Persons wishing current references to materials on other topics can request a special search of CHID from a library or from NDIC or NKUDIC.

The listing in this bibliography represents a selection of materials and is not intended to be exhaustive. No attempt has been made to assess the educational value of the items listed, and their inclusion does not imply endorsement by the clearinghouses or the National Institute of Diabetes and Digestive and Kidney Diseases. If an item has been evaluated by an organization, that information is included in the citation.

Copies of materials cited in this bibliography should be obtained from the producer/publisher listed in the specific citation. Because prices are subject to change, producers/publishers should be contacted before materials are ordered.

Copies of articles from journals or magazines listed in the bibliography may be available at a public or medical library. Some of the magazines may not be stocked at public libraries. The organizations listed below may be contacted for back issues of the following magazines cited in this bibliography:

Diabetes Forecast:

American Diabetes Association
ADA National Service Center
1660 Duke Street
Alexandria, Virginia 22314
1-800-232-3472
(703) 549-1500

Countdown:

Juvenile Diabetes Foundation
International
432 Park Avenue South
New York, New York 10016-8013
1-800-223-1138
(212) 889-7575

Joslin Magazine:

Joslin Diabetes Center
One Joslin Place
Boston, Massachusetts 02215
(617) 732-2560

The Diabetes Educator:

American Association of Diabetes
Educators
Suite 1400
500 North Michigan Avenue
Chicago, Illinois 60611
(312) 661-1700

Beta Release:

Canadian Diabetes Association
78 Bond Street
Toronto, Ontario M5B 2J8
Canada
(416) 362-4440

Several other organizations serve health professionals, patients, and families affected by kidney disease and diabetes. These organizations include:

American Association of Kidney Patients
Suite LL1
One Davis Boulevard
Tampa, Florida 33603
(813) 251-0725

American Kidney Fund
Suite 1010
6110 Executive Boulevard
Rockville, Maryland 20852
1-800-638-8299
(301) 881-3085

American Nephrology Nurses' Association
Box 56
North Woodbury Road
Pitman, New Jersey 08071
(609) 589-2187

National Kidney Foundation
30 East 33rd Street
New York, New York 10016
1-800-622-9010
(212) 889-2210

NOTE: Government documents carry no copyright restrictions; individuals may reproduce this bibliography as desired.

DIABETES AND KIDNEY DISEASE
A SELECTED ANNOTATED BIBLIOGRAPHY

PROFESSIONAL RESOURCES

Print Materials

1

Acute Renal Failure in Diabetics

Grenfell, A.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988, pp. 243-250.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

A technical review summarizes and discusses conditions that most commonly lead to acute renal failure in the diabetic patient, together with their management and prevention. Specific problems of acute renal failure and dialysis in the diabetic patient also are considered. The complexity of treatment for diabetes-related acute renal failure is discussed.

2

CAPD in Diabetics

Oreopoulos, D.G.

Peritoneal Dialysis Bulletin. 2(2) Supplement, April-June 1982. 58 pp.

AVAILABLE FROM: Toronto Western Hospital, 299 Bathurst Street, Toronto, Ontario M5T 2S8, Canada.

A compilation of 14 technical reviews focuses on various aspects of the use and effectiveness of continuous ambulatory peritoneal dialysis (CAPD) for treating diabetic patients. The papers are grouped among four principal themes: the management of diabetic patients with end-stage renal disease; the importance of blood glucose control in diabetic patients on CAPD; psychosocial, sexual, and psychiatric issues and approaches for helping patients adjust to CAPD; and special considerations (retinopathy, care of the diabetic foot, nutritional considerations, and neurophysiologic effects). The reviews were developed by experts in their respective fields of study.

3

Chronic Renal Failure

Plawecki, H.M., et al.

Journal of Gerontological Nursing. 13(12): 14-17, 34-35. December 1987.

Chronic renal failure often develops in diabetic patients 20 years after diagnosis. With aging there are decreased physiological responses with decreased cardiovascular function and decreased symptomatology to infections. In older patients hemodialysis may produce a drop in glucose values that may result in hypoglycemia and hypotension. Vision may be adversely affected by the procedure and by the use of heparin, which causes ischemia. Disrupted Calcium metabolism causes deposition of calcium in the conjunctiva and cornea. The dietary regimen should consist of high-value protein, low sodium and cholesterol, and fluid restriction.

4

Coexisting Hypertension and Diabetes

Runyan, J.W., Jr.

Practical Diabetology. 7(3): 1-3, 6-7. May-June 1988.

Lifestyle, age, genetic background, and economic status influence the coexisting multifactorial diseases of hypertension and diabetes. The relationship of these factors to coexisting diseases leading to cardiovascular morbidity and mortality, coronary artery disease, myocardial infarction, cardiomegaly, cardiac failure, stroke, obesity, and ischemic attack is discussed. Addressed in detail is the treatment for coexisting hypertension and diabetes (pharmacological and nonpharmacological) as well as appropriate education of patients and family and other self-care measures designed to slow down vascular-renal diseases and to cause regression of arteriosclerotic plaque.

5

Community Resource Guide for Diabetes Educators

Chicago, IL: American Association of Diabetes Educators, 1985. 19 pp.

AVAILABLE FROM: American Association of Diabetes Educators, Suite 1400, 500 North Michigan Avenue, Chicago, IL 60611.

This community resource guide for diabetes educators was developed by the American Association of Diabetes Educators to acquaint health professionals with many of the available resources that can help to contribute to the emotional and physical well-being of persons with diabetes and their families. In addition to listing community agencies and professional organizations, the guide offers a quick reference to books, journals, articles, and numerous published materials on various aspects of diabetes. Resources in eight categories are described.

Consensus Statement [Kidney Disease of Diabetes Mellitus]

Herman, W., et al.

American Journal of Kidney Diseases. 13(1): 2-6. January 1989.

This consensus statement from the International Workshop on Preventing the Kidney Disease of Diabetes Mellitus: Public Health Perspectives reviews the scope of diabetic nephropathy and its clinical history. Criteria are proposed for defining diabetic nephropathy in terms of urinary albumin excretion for both IDDM and NIDDM. The statement provides recommendations for monitoring kidney function, blood pressure, and glucose control in people with IDDM or NIDDM and in older patients. Research needs, including standardization of laboratory values and methods and intervention studies, are defined.

Continuous Ambulatory Peritoneal Dialysis as a Treatment for Diabetic Patients With End-Stage Renal Disease

Goldberg, J.P., et al.

Diabetes Educator. 9(1): 13-15. Spring 1983.

An estimated 20 percent of all end-stage renal disease (ESRD) patients are on continuous ambulatory peritoneal dialysis (CAPD). With this method, hypertension is better controlled, vascular calcifications and neuropathy improve, and few dietary or fluid restrictions are necessary. People who have diabetes tolerate renal failure poorly, with symptoms appearing at higher glomerular filtration rates. Three-year survival is 35 to 50 percent in people with diabetes versus 75 to 85 percent in nondiabetic patients. Survival among patients with kidney transplants is 20 percent. With CAPD the major complications of hemodialysis are avoided such as retinopathy, myopathy, neuropathy, peripheral vascular disease, and cardiovascular problems. Protocols for insulin administration are given in three references. The formulation of the dialysate to be used and differential survival for diabetes patients with ESRD treated by transplantation, dialysis, and CAPD are depicted in a table and graph format.

Council of Nephrology Social Workers: Compliance Issues in ESRD

Council of Nephrology Social Workers.

New York, NY: National Kidney Foundation. 54 pp.

AVAILABLE FROM: Council on Renal Nutrition, National Kidney Foundation, Inc., 30 East 33rd Street, New York, NY 10016, (212) 889-2210. PRICE: Free.

The bibliography lists resource articles on the following issues and concerns relevant to end-stage renal disease (ESRD): compliance issues (20 references); diabetes (10 references); group work (8 references); psychosocial issues in home dialysis and CAPD (34 references); legal and ethical issues (29 references); family issues (13 references); psychosocial aspects of ESRD and dialysis (113 references); psychosocial aspects of ESRD in pediatrics (27 references); psychosocial aspects of transplantation (42 references); rehabilitation issues (33 references); research issues (7 references); sexual issues (19 references); and staff issues (20 references).

Course of Incipient and Overt Diabetic Nephropathy: The Perspective of Insulin Pump Treatment

Feldt-Rasmussen, B.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988. pp. 199-204.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

This technical review summarizes and discusses evidence concerning the effectiveness of insulin pump therapy in the course of incipient and overt diabetic nephropathy (DN). Aspects of secondary preventions are discussed in a review of recent studies on metabolic control in relation to DN. Practical guidelines on the use of insulin infusion pumps are included.

10

Course of Renal Function Before and During Antihypertensive Treatment in Diabetic Nephropathy

Parving, H.H.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988.

pp. 191-198.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

This technical report reviews renal function before and during antihypertensive treatment in patients with diabetic nephropathy (DN). Attention is given to the monitoring of glomerular function in DN, the natural course of DN, and the effects of antihypertensive agents. Data are presented on the average course of mean arterial blood pressure, glomerular filtration rate, and albuminuria.

11

Demystifying the Low Protein Diabetic Diet

Pettie, J.; Caruso, J.

Beta Release. 13(1): 23-26, 29-30, 32. March 1989.

Two dietitians at Toronto Western Hospital review the rationale, diet prescription, and practicalities involved in low-protein diets for patients with diabetes. The hospital's formula for determining the amount of protein in the patient's diet is explained, as are procedures related to the inclusion of sodium, potassium, and phosphorus in the diet. Practicalities involved in designing meal plans, incorporating foods from other food groups (e.g., fruits, vegetables, and fats) and vitamin and mineral supplementation are discussed. Sample diet plans and tables showing dietary equivalents, low-protein products, and other nutritional considerations are included.

12

Devices to Achieve Self-Care in Blind Diabetic Patients With Renal Failure

Flynn, C.T.

International Journal of Artificial Organs. 5(3): 137-139. May 1982.

The purpose of the reported study was to determine whether blind people with diabetes and renal failure could achieve self-care with continuous ambulatory peritoneal dialysis (CAPD). Eleven blind patients were treated by CAPD over 3 1/2 years. The article describes their training and the special devices used for dialysis and insulin injection. The author concludes that the overall survival rate for the patients using CAPD compares reasonably well with that for patients undergoing hemodialysis and transplantation and that the rehabilitative value of self-care is an added benefit.

13

Diabetes and Arterial Hypertension

Drury, P.L.

Diabetologia. 24(1): 1-9. January 1983.

The epidemiology, pathogenesis, significance, and management of hypertension in people with diabetes are discussed. Hypertension in the diabetic population is associated with an increased incidence of both microvascular and macrovascular complications, but whether the high blood pressure is causal is not clear. The possible roles of sodium and insulin, the renin-angiotensin system, catecholamines, and physical factors are explored. Only in the case of diabetic nephropathy is there yet reasonable evidence of antihypertensive treatment reducing the rate of progression of the disease.

14

Diabetes and Renal Disease: Getting the Patient Home on C.A.P.D.

Bowman, C.; Fulton, C.; Lane, S.

Beta Release. 13(1): 18-32. March 1989.

Two nurses at Toronto General Hospital's Home Dialysis Unit describe the unit's program to train patients to perform continuous ambulatory peritoneal dialysis. The goal of the program is to help each patient function at home as independently as possible. Procedures for predialysis assessment, inpatient training, and formal patient evaluation are described. A young man with renal disease and diabetes discusses his experience as a patient in the program and offers suggestions for professionals working with dialysis patients. The C.A.P.D. performance evaluation form used in the program is shown.

15

Diabetic Nephropathy

Watkins, P.J.

IDF Bulletin. 32(3): 186-187. December 1987.

Nephropathy is common in individuals with either insulin-dependent or noninsulin-dependent diabetes. The cause of diabetic nephropathy is not known. Individuals with diabetes who have developed proteinuria from diabetic nephropathy are at high risk of declining renal function and the development of arterial disease. Management of individuals with diabetes who have developed proteinuria but not renal failure requires regular assessment of blood pressure, strict diabetes control, regular measurement of serum creatinine, and constant appraisal of other diabetic complications. When renal failure is established, joint treatment by diabetes and renal specialists is required.

16

Diabetic Nephropathy and Pregnancy

Kitzmiller, J.L.; Straube, B.M.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988.
pp. 231-242.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive,
Norwell, MA 02061.

A technical report focuses on the course of diabetic nephropathy during and after pregnancy; predictors of perinatal outcome; and principles of management before, during, and after pregnancy. Clinical monitoring data are presented and discussed. It is argued that a multidisciplinary approach at a perinatal center is necessary to optimize pregnancy outcome.

17

Diabetic Nephropathy: Managing Complications and Using Current Therapy

Berger, B.; Vincenti, F.G.

Consultant. 24(1): 81-84, 89, 93. January 1984.

This article presents information about managing complications of diabetic nephropathy. Current therapy is also discussed. Topics include transplantation, hemodialysis, neurogenic bladder dysfunction, hyperkalemia, peritoneal dialysis, and hypertension.

18

Diabetic Nephropathy: News Briefing for Science Writers on Transplantation, Dialysis, and Kidney Research

Hostetter, T.H.

New York, NY: National Kidney Foundation, Inc. April 25-26, 1988.
7 pp.

AVAILABLE FROM: National Kidney Foundation, Inc., 38 East 33rd Street,
New York, NY 10016, (800) 622-9010. PRICE: Free.

A technical paper prepared for the National Kidney Foundation's 1988 science writers news briefing on transplantation, dialysis, and kidney/urology research discusses the prevalence, causes, and treatment of diabetic nephropathy, the single most common cause in the United States of end-stage renal disease. Recent basic pathophysiological data have incriminated arterial and glomerular capillary hypertension in the generation and progression of diabetic kidney complications. Therapeutic approaches are discussed.

Diabetic Nephropathy: Progress in Treatment, Potential for Prevention
 Friedman, E.A., Guest Editor
Diabetes Spectrum: From Research to Practice. 2(2): 85-128.
 March/April 1989.

This issue of Diabetes Spectrum offers a state-of-the-science review of diabetic nephropathy by noted researchers and clinicians in the field. Issues addressed include current research, etiology, epidemiology, and treatment. An overview by Dr. Eli A. Friedman discusses epidemiology, pathology, diagnosis, clinical manifestations, therapy, comorbid risk factors, and factors affecting survival. Other articles review research findings and convention and experimental treatments, including transplantation, various forms of dialysis, and dietary interventions. All of the articles presented reflect current knowledge as of 1988.

Diabetic Nephropathy: Strategy for Therapy
 Friedman, E.A.; Peterson, C.M., editors.
 Hingham, MA: Kluwer Academic, December 1985.

AVAILABLE FROM: Kluwer Academic Publishers, 101 Philip Drive, Norwell, MA 02061.

This reference book surveys the accomplishments that have been made in changing diabetic nephropathy (DN) from a hopeless condition to a difficult but manageable disorder. Topics include the characteristics and diagnosis of diabetes types; insulin, oral agents, and monitoring; the etiology, clinical evaluation, and management of DN; its treatment (hemodialyses, kidney/pancreas transplantations); preservation of the compromised foot in DN; managing the diabetic renal-retinal syndrome in pregnancy; the role of nurses in DN management; patient-patient interactions; and the potential for DN prevention. Reference data and ancillary information are provided in three appendixes.

21

Diabetic Transplant Patient: Nursing Considerations

Conway, P.M.; Davis, C.P.

ANNA Journal. 14(6): 379-383. December 1987.

Nursing care of the renal transplant patient with diabetes presents challenging problems. Preoperative considerations include evaluation of cardiac, cerebrovascular, peripheral vascular, and gastrointestinal histories and urinary bladder dysfunction with appropriate medical management. An exercise program and diet therapy are implemented, and the operation, immunosuppressive therapy, and possible rejection and complications are explained to the patient. Nursing care of the postoperative patient includes education and discharge teaching, wound and catheter care, blood glucose monitoring and control, bowel care, and diet therapy. Benefits, survival data, quality of life, rehabilitation, and progression of other diabetic complications after transplantation are discussed.

22

Dietary Factors Influencing Progression of Renal Failure

Adler, S.G.; Kopple, J.D.

Nutrition and the M.D. 10(4): 1-3. April 1984.

This overview article explores the dietary factors that may influence the progression of renal failure to end-stage renal disease. Literature reports suggest that low-protein, low-phosphorus diets may retard progress of renal failure and decrease in renal function. The optimal levels of protein and phosphorus restriction are, however, not known. Carefully controlled prospective studies are needed to assess the therapeutic role of such diets. It is important to ascertain that these diets do not result in nutrient deficiencies and malnutrition.

23

Education and Care of the Diabetic Patient on CAPD

Stephenson, E.; Nordberg, T.

Diabetes Educator. 9(1): 17-19. Spring 1983.

A case study for instructing nursing personnel in the care of patients on CAPD is presented. This procedure is indicated for diabetes patients with end-stage renal disease (ESRD) who have cardiovascular disease. Contraindications are familial hyperlipidemia, abdominal surgery with adhesions, colitis, diverticulitis, low back pain, ileostomies, colostomies, abdominal wall hernias, decreased strength and coordination, chronic skin infections, steroid therapy, or inability to perform safely. Instruction lasts 2 to 3 weeks. Reference is made to the protocol in the March 18, 1982, issue of the New England Journal of Medicine.

Epidemiology of Renal Involvement in Diabetes Mellitus

Sepe, S.J.; Teutsch, S.M.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988. pp. 17-24.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

This technical report summarizes and discusses epidemiological evidence concerning changes in kidney function and morphology in people with diabetes that lead to diabetic nephropathy (DN). Topics include DN prevalence; end-stage renal disease (ESRD); mortality; costs associated with DN and ESRD; other conditions affecting the kidney in diabetic patients; and potential for preventing DN. It is concluded that ESRD risk is greater in nonwhite IDDM patients and that, although ESRD treatment costs have markedly increased, the prognosis for survival also has increased.

Evaluation of Protein in Dietary Management of Diabetes Mellitus

Wyllie-Rosett, J.

Diabetes Care. 11(2): 143-148. February 1988.

Achieving metabolic control and delaying and/or preventing diabetic complications have previously been established as primary goals for the dietary management of diabetes. Dietary protein may play a role in the regulation of glucose metabolism and in the development of diabetic renal complications. Approximately half of protein intake is considered to be available as glucose. Dietary composition also affects secretion of insulin and counterregulatory hormones. There is growing evidence from clinical studies that the progression of renal disease is delayed by early protein restriction. More studies are needed to assess early risk of diabetic nephropathy and to determine whether protein restriction alters the course of diabetic nephropathy. A dietary intake of between 12 and 20 percent protein provides flexibility in food selection but exceeds actual needs. The adult recommended dietary allowance of 0.8 g/kg body weight should provide guidance for determining desired protein intake for individuals with diabetes.

Familial Clustering of Diabetic Kidney Disease

Seaquist, E.R., et al.

New England Journal of Medicine. 320(18): 1161-1165. May 4, 1989.

To study heredity as a possible risk factor for diabetic kidney disease, the concordance rates for diabetic nephropathy were examined in two sets of families in which both study patients and siblings had diabetes mellitus. In one set, the study patients (n = 11) had no evidence of diabetic nephropathy. In the other set, the study patients (n = 26) had undergone kidney transplantation because of diabetic nephropathy. Evidence of nephropathy was found in 2 of the 12 diabetic siblings of the study patients without nephropathy (17 percent). Of the 29 diabetic siblings of study patients with diabetic nephropathy, 24 (83 percent) had evidence of nephropathy, including 12 with end-stage renal disease. No significant differences were noted between the sibling groups with respect to the duration of diabetes, blood pressure, glycemic control, or glycosylated hemoglobin levels. The only factor significantly predictive of the renal status of the diabetic sibling was kidney disease in the study patient. The investigators concluded that diabetic nephropathy occurs in familial clusters, which is consistent with the hypothesis that heredity helps to determine susceptibility to this complication of diabetes. The possible influences of environmental factors shared by siblings, however, was noted.

Handbook of Diabetes Nutritional Management

Powers, M.A.

Frederick, MD: Aspen Publishers, Inc., 1987. 540 pp.

AVAILABLE FROM: Aspen Publishers, Inc., P.O. Box 990, Frederick, MD 21701-9782. PRICE: \$49.95.

This comprehensive book on nutritional management is written by dietitians and incorporates both new scientific knowledge and advances in clinical practice. Each section examines an important aspect of diabetes management: the disease process; treatment (medications, exercise, diet); nutrition intervention (assessment, meal planning, and alterations to basic meal plans); diet specifics (nutrients, fiber, calories, sweeteners); special management concerns of infancy, pregnancy, elderly, obesity, renal failure, and surgery; practice settings and team approaches; and strategies for success.

28

Hematuria: When is it Cause for Alarm?

Brown, D.C.

Postgraduate Medicine. 82(4): 112-118. 1987.

Hematuria is defined and discussed in reference to its hematologic, renal, or postrenal causes. Differential diagnosis is based on data from patient history. Specific types of hematuria that may be encountered by the primary physician are detailed, and appropriate therapy is suggested. The question of the association of diabetes mellitus with hematuria is addressed.

29

Hemodialysis in Type 1 and Type 2 Diabetic Patients With End-Stage Renal Failure

Kjellstrand, C.M.; Lins, L.E.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988.

pp. 323-330.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

This technical review examines published evidence concerning the effectiveness of hemodialysis in insulin-dependent and noninsulin-dependent diabetic patients with end-stage renal failure. Particular attention is given to dialysis conditions, mortality risks, and special hemodialysis problems.

30

Home Peritoneal Dialysis: An Option for the Moribund Diabetic Patient

Salcedo, N.

Nephrology Nurse. 5(3): 26-28. May-June 1983.

Ten reasons are given why CAPD is better than hemodialysis for patients who are terminally ill. A case report of a 39-year-old woman with diabetes with terminal renal disease is given. She had dysautonomia and hypotension with dialysis. This patient had complications with peritoneal dialysis such as incontinence, gastric ulcers, aphasia, lethargy, drooping of one side of the mouth, and fever. The woman's family was happy to be able to provide care for this patient at home until her death.

31

How to Treat Hypertension in Diabetic Patients

Raskin, P.

Postgraduate Medicine. 83(2): 213-234. February 1, 1988.

A sizable portion of patients with diabetes also have hypertension, and diabetic complications (nephropathy, retinopathy, and atherosclerosis) are accelerated when hypertension is present. Because some drugs that are used for hypertension have adverse effects that may be of special concern to diabetic patients, traditional stepped-care therapy must be modified for these patients. This article discusses the merits and drawbacks of using thiazide diuretics, beta- and alpha-adrenergic blocking agents, central sympatholytic agents, direct vasodilators, calcium-entry blockers, and angiotensin-converting enzyme inhibitors.

32

Hypertension and Cardiovascular Risk Factors in Hemodialyzed Diabetic Patients

Ritz, E., et al.

Hypertension. 7(supplement 2): 118-124. November-December 1985.

An analysis of the cause of death and the cardiovascular risk conferred by hypertension and other risk factors in 200 diabetic and nondiabetic patients undergoing hemodialysis is discussed. The study subjects were matched for age, sex, year of admission, and treatment center. According to the authors, the rate and proportion of deaths from cardiovascular causes were slightly higher in people with diabetes than in matched controls.

Hypertension in Diabetes Mellitus. Final Report of the Working Group on Hypertension in Diabetes.

National High Blood Pressure Education Program Coordinating Committee,
Working Group on Hypertension in Diabetes
Bethesda, MD: National High Blood Pressure Education Program, 1987.

AVAILABLE FROM: High Blood Pressure Information Center, 120-80
National Institutes of Health, Bethesda, MD 20892, (301) 951-3260.
PRICE: Free.
Also reprinted in Archives of Internal Medicine. 147(5): 830-842.
May 1987.

This report presents the recommendations of a special working group convened by the National High Blood Pressure Education Program to develop guidelines for management of hypertension in persons with diabetes. The report is intended to serve as a guide to practicing physicians and other health care professionals in caring for patients with diabetes and hypertension. For both hypertension and diabetes, basic nonpharmacologic therapy consists of dietary alterations, exercise, weight management, smoking cessation, and restricted alcohol intake. The stepped-care approach to drug treatment in essential hypertension serves as a guide to therapy. Flexibility in the use of antihypertensive drug therapy is suggested, and selected practical issues in drug treatment are reviewed. Included are recommendations for care and evaluation of patients with diabetic nephropathy and other complications of the renal system. A slide program is available to accompany the guide (see citation 80).

Hypertension in Diabetics With Renal Disease

Ritz, E., et al.
In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988.
pp. 179-190.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive,
Norwell, MA 02061.

This report summarizes and discusses technical data and results of studies of hypertension in diabetic patients with renal disease. Specific attention is given to pathogenic mechanisms, blood pressure effects on renal function and cardiovascular mortality in diabetics with advanced nephropathy, the diagnosis of secondary hypertension, and antihypertensive treatments in advanced diabetic nephropathy.

Hypertension in the Diabetic Patient

Christlieb, A.R.

In: Marble, A., et al., eds. Joslin's Diabetes Mellitus, 12th edition. Philadelphia, PA: Lea and Febiger, 1985. Chapter 28.

AVAILABLE FROM: Lea and Febiger, 600 Washington Square, Philadelphia, PA 19106.

In this chapter, the author discusses the current state of the art concerning the pathophysiology involved in each of the types of hypertension encountered in the diabetic population. With this knowledge of pathophysiology, a rational approach to therapy can be developed based on the mechanisms of action of various antihypertensive medications and their possible adverse effects on the patient with diabetes.

Hypertension: The Major Risk Factor in Juvenile-Onset Insulin-Dependent Diabetes

Christlieb, A.R., et al.

Diabetes. 30(supplement 2): 90-96. November 1981.

The article examines the prevalence of hypertension in various age groups of diabetic people and its role as a risk factor in juvenile-onset, insulin-dependent diabetes patients followed for 40 years after diagnosis. The results show clearly that hypertension is more prevalent in people with diabetes of any age after age 24 than in the general population. Case/control analysis of the data shows that long-lived diabetes patients have significantly less hypertension than those dying prematurely of renal or cardiac disease. Furthermore, the close temporal relationship between the onset of hypertension and the onset of proteinuria in patients dying from renal or coronary disease suggests that the hypertension in these patients is renal in origin. Neither smoking nor lipids appear to influence mortality significantly. The authors conclude that hypertension is the major additive risk factor for mortality in juvenile-onset, insulin-dependent diabetes.

37

Incidence of Nephropathy in Insulin-Dependent Diabetes as Related to Mortality Statistics

Borch-Hohnsen, K.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988. pp. 33-40.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

This technical review examines the incidence of nephropathy in insulin-dependent diabetes mellitus (IDDM) in relation to mortality. Specific attention is focused on relationships between persistent proteinuria (PP) and mortality and the incidence of PP in IDDM. The observed decreased mortality of PP and of IDDM patients is discussed.

38

Kidney and Hypertension in Diabetes Mellitus

Mogensen, C.E., ed.

Boston, MA: Martinus Nijhoff Publishing, 1988.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061. PRICE: \$117.50.

This comprehensive reference text for medical professionals involved in the care of diabetic patients with renal abnormalities presents 47 authoritative papers by international experts about various aspects of kidney malfunction and hypertension in diabetes. Topics include cellular research studies; diagnostic tests; therapeutic approaches; epidemiological reviews; clinical research; kidney function; pathogenesis in diabetic nephropathies; the role of hypertension; hemodialysis; transplantation; and patient care management.

Kidney Disease of Diabetes Mellitus: NIDDK Initiatives for the Comprehensive Study of its Natural History, Pathogenesis, and Prevention

FitzSimmons, S., et al.

American Journal of Kidney Diseases. 13(1): 7-10. January 1989.

Kidney disease of diabetes mellitus (KDDM) is the most common single cause of end-stage renal disease in the United States and Western Europe. Diabetic patients have increased morbidity and mortality and are more likely to develop renal failure than the general U.S. population. In addition, the 5-year survival of patients with KDDM who are receiving dialytic therapy is less than one-half that of patients without diabetes mellitus. The National Institute of Diabetes and Digestive and Kidney Diseases, in collaboration with public, private, and academic groups, has developed an implementation plan to enhance understanding of the underlying mechanisms in KDDM and to develop strategies to prevent the onset and the progression of KDDM.

Kidney Diseases Associated With Diabetes

In: Diabetes in America. Washington, DC: U.S. Department of Health and Human Services, National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, National Institutes of Health. August 1985.

AVAILABLE FROM: National Diabetes Information Clearinghouse, Box NDIC, Bethesda, MD 20892, (301) 468-2162; or U.S. Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, (202) 783-3238. STOCK NUMBER: 017-045-00102-1. PRICE: \$23.

This technical review presents copious data (26 tables) on the clinical appearance, incidence, and prevalence of diabetic nephropathy (DN) and its mortality risks. Particular attention is given to risk factors, the etiology of DN, its treatments (dialysis and transplantation), complications, survival rates, and treatment costs. Numerous data references are cited.

Living With Diabetes and Kidney Disease: A One-Day Patient Symposium

Heller, D.R., et al.

Diabetes Educator. 7(2): 21-24. Summer 1981.

This article describes a symposium for the patients with diabetic kidney disease. Topics addressed include recognition of the need of persons with diabetes and kidney disease for information and support, the organization of the symposium and procedures for advertising it, and the use of a presymposium questionnaire and postsymposium evaluation tool. Participants included patients, family members, and allied health professionals. Workshop panels were made up of health team members and a patient or family member with personal experience of diabetes and kidney disease.

42

Management of Hypertension in Patients With Concomitant Diseases

Okun, R.

Cardiology. 74(1): 71-81. January-February 1987.

The treatment of hypertension in patients with diabetes, obstructive airway disease, impaired renal function, or congestive heart failure is discussed. Specifically, the value of alpha-1-adrenoceptor blocking agents in such patients is reviewed. An individualized approach to therapy is required, with careful consideration of the effects of different drugs on the existing metabolic and hemodynamic situation. According to results of several studies discussed, the alpha-1-adrenoceptor blocking-agent prazosin appears to be a safe and effective therapy, causing a minimum of side effects, for treatment of hypertension in patients with these conditions.

43

Microalbuminuria and Diabetic Pregnancy

Mogensen, C.E.; Klebe, J.G.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988. pp. 223-230.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

This technical report deals with the pattern of urinary albumin excretion rate in diabetic pregnancy as studied with a sensitive radioimmunoassay method for albumin using 24-hour urine samples. Information is provided on the study design, patient classification, blood pressure, creatinine clearance, and assay results. The study showed marked abnormalities in urinary albumin excretion both in early and late pregnancy.

44

Microalbuminuria and Mortality in Noninsulin-Dependent Diabetes

Schmitz, A.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988. pp. 65-70.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

A prognostic study of microalbuminuria relative to other risk factors in patients with NIDDM is described in this technical report. Clinical and mortality data are presented, and relationships between albuminuria and glomerular structure in NIDDM are discussed.

45

Nephrology

Glasscock, R.J.

JAMA, Journal of the American Medical Association. 258(16): 2256-2258. October 23, 1987.

Current research advances in clinical nephrology are reviewed in this article. Possibilities for controlling diabetic nephropathy through early identification of patients with diabetes mellitus are also reviewed. Improved results from the widespread use of cyclosporin in renal transplants and the increased frequency of renal failure and nephrotic syndrome in patients with acquired immunodeficiency syndrome (AIDS) are discussed.

46

Nonglycemic Intervention in Diabetic Nephropathy: The Role of Dietary Protein Intake Diet Therapy

Viberti, G.C., et al.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988.
pp. 205-216.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

The role of dietary protein intake on nonglycemic intervention in the treatment of diabetic nephropathy is summarized. Specific attention is given to associations between protein intake and chronic renal failure, modulation of early diabetic renal disturbances using dietary protein, and the effects of protein intake on glomerular filtration rate and microalbuminuria.

47

Nutrition Education for Risk Factor Reduction and Patient Education: A Review

Glanz, K.

Preventive Medicine. 14(6): 721-752. November 1985.

This review summarizes and discusses nutrition education strategies for reducing risks for chronic illnesses (diabetes, obesity, hypertension, coronary heart disease, cancer, and kidney failure) and examines the importance of accurate diagnosis of nutritional problems, the use of behavioral and biological indicators of the effectiveness of nutrition education, and the types and effectiveness of various nutrition education approaches. Summary tables list and compare studies on patient education for low-fat diets, hypertension, diabetes, and hemodialysis. Basic educational principles for patient nutrition education that should be considered in the design of educational strategies are identified.

Nutritional Care of Patients With Renal Failure and Diabetes (Prevention of Malnutrition)

Levine, S.E.

Journal of the American Dietetic Association. 81(3): 261-264, 267.
September 1982.

This concise technical review for medical professionals examines current principles of nutritional management in diabetic nephropathy and presents a practical approach to developing care plans. Attention is given to nutritional assessment, the principles of nutritional care, and care provided in a hospital environment. It is argued that diet is a key component in the medical management of both diabetes and chronic renal failure. Information about principal nutrients is included.

Patterns of Proteinuria in Diabetes Mellitus: Relevance to Pathogenesis and Prevention of Diabetic Nephropathy

Viberti, G.; Keen, H.

Diabetes. 33(7): 686-692. July 1984.

This literature review relates the renal handling of specific plasma proteins and exogenous macromolecules to the pathogenesis and natural history of diabetic renal disorder, reviewing its prognostic significance, relation to concomitant renal abnormalities, and connection with the metabolic disturbance of diabetes. Areas for further research also are identified and discussed. Attention is focused on microproteinuria and macroproteinuria as related to glycemia and the transition from microproteinuria to macroproteinuria.

Population Comparisons of the Frequency of Diabetic Nephropathy

Knowler, W.C.; Kunzelman, C.L.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988. pp. 25-32.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

Differences in the prevalence of diabetic nephropathy (DN) among populations are compared. Attention is given to the prevalence and incidence of microalbuminuria and overt DN and to the incidence of end-stage renal disease. The difficulties in comparing DN incidence among populations is discussed.

51

**Predisposition to Hypertension and Susceptibility to Renal Disease
in Insulin-Dependent Diabetes Mellitus**

Krolewski, A.S., et al.

New England Journal of Medicine. 318(3): 140-145. January 21, 1988.

One-third of patients with juvenile-onset, insulin-dependent diabetes seem to be susceptible to diabetic nephropathy. To test whether this susceptibility is related to a predisposition to hypertension, the researchers investigated the association of nephropathy with markers of risk of hypertension. Investigators conclude that the risk of renal disease in patients with juvenile-onset, insulin dependent diabetes is associated with a genetic predisposition to hypertension. Predisposition to hypertension appears to increase susceptibility for renal disease principally in patients with poor glycemic control.

52

Preserving Renal Function in the Patient With Diabetes

Rodman, J.

Practical Diabetology. 5(4): 1-3, 24. July-August 1986.

A physician reports on the precautions that diabetic patients should take to avoid progressive kidney disease. The author suggests that, because many patients with insulin-dependent diabetes mellitus (IDDM) progress to end-stage kidney disease after approximately 20 years of diabetes, patients with IDDM should be managed as if they have a progressive kidney disease. The author concludes that similar guidelines that apply to the management of polycystic kidney disease are relevant for the patient with IDDM, including blood pressure control, prevention or immediate treatment for urinary tract infections, avoidance of nephrotoxic substances, adjustment of drug dosage to changing renal function, restriction of excessive protein consumption, and prevention of secondary hyperparathyroidism.

Prevention and Treatment of Five Complications of Diabetes: A Guide for Primary Care Practitioners

National Diabetes Advisory Board.

Atlanta, GA: Centers for Disease Control, 1983. 67 pp.

AVAILABLE FROM: Centers for Disease Control, Diabetes Control Division, Freeway Office Park, 1600 Clifton Road, Northeast, Atlanta, GA 30333, (404) 329-1848. ORDER NUMBER: HHS83-8392. Bulk orders only. For single copies, contact the National Diabetes Information Clearinghouse, Box NDIC, Bethesda, MD 20892, (301) 468-2162. PRICE: Free.

This publication is designed to help the primary care practitioner in the day-to-day management of patients with diabetes. Visual impairments, adverse outcomes in pregnancy, foot problems, kidney problems, and acute hyperglycemia and ketoacidosis are discussed. The guide includes the following sections for each complication: background, prevention, detection and monitoring, treatment and referral, and patient education principles. Patient education materials, office guides, and reference information are included as appendixes.

Problem of Diabetic Renal Failure in the United States: An Overview

Teutsch, S., et al.

American Journal of Kidney Diseases. 13(1): 11-13. January 1989.

Native Americans, blacks, and other minorities are at high risk for diabetic renal failure, most of which is caused by noninsulin-dependent diabetes. Many of these patients receive care in publicly supported health programs. Recent evidence of the efficacy of hypertension control in slowing the decline in renal function and the ability to detect those at highest risk for renal deterioration with inexpensive microalbuminuria tests suggest major opportunities for concerted efforts to reduce the incidence of end-stage renal disease. Guidelines for management of high-risk patients are needed to translate effective management strategies into routine clinical practice.

Proceedings of a Seminar on CAPD, Diabetes, and Blindness

Des Moines, IA: Iowa Lutheran Hospital, 1983. 60 pp.

AVAILABLE FROM: CAPD Clinic, Iowa Lutheran Hospital, University at Penn, Des Moines, IA 50316, (515) 283-5612. PRICE: Free.

This seminar focused on the complications of renal failure and blindness in relation to continuous ambulatory peritoneal dialysis (CAPD). Seminar topics identified the effects of diabetes on the kidney and the eyes; compared treatment modalities available for the patient with diabetes in end-stage renal disease; described CAPD principles, history, current statistics and reimbursement regulations; discussed the clinical management of intraperitoneal insulin in patients with diabetes on CAPD; and discussed the ability of the blind patient to manage CAPD training methods and clinical results.

Progression and Nonprogression of Chronic Renal Failure in Diabetic Nephropathy: Which Factors are Determinants?

Nyberg, G.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988. pp. 283-290.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

This technical report examines factors that may or may not be implicated in the progression of chronic renal failure in diabetic nephropathy (DN). Attention is given to hypertension, hyperglycemia, dietary protein, genetic factors, smoking, cystopathy, acute effects, and noninsulin-dependent diabetes mellitus. The complexity of this issue is emphasized.

Recent Advances in Understanding Mechanisms and Natural History of Diabetic Renal Disease.

Viberti, G.

Diabetes Care. 11(supplement 1): 3-9. November/December 1988.

Advances in slowing the progress of renal disease in patients with IDDM are reviewed. Treatment of raised blood pressure early in the course of diabetic renal disease has emerged as the most effective therapeutic measure. Susceptible individuals can be detected before persistent proteinuria becomes manifest by screening for microalbuminuria, which has proved predictive of persistent proteinuria in approximately 80 percent of cases. Unfortunately, microalbuminuria is not apparent until 5 years after stabilization of newly diagnosed diabetes, suggesting that it is a marker of early disease rather than an indicator of susceptibility. However, many therapeutic interventions, ranging from blood glucose control to low-protein diet and angiotensin-converting enzyme inhibition, are effective in reducing or even normalizing microalbuminuria. If current controlled trials show that treatment of microalbuminuric patients prevents progression to clinical nephropathy, the diagnostic criteria for diabetic renal disease will require radical revision.

Recurrence of Diabetic Nephropathy in Renal Transplants

Bohman, S.O., et al.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988.
pp. 395-402.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

A technical overview discusses the recurrence of diabetic nephropathy (DN) in renal transplant patients. Data are presented on DN recurrence in human renal allograft, early ultrastructural changes, and the effect of pancreas transplantation.

59

Renal Involvement and Diabetic Nephropathy in Diabetic Children

Price, D.A.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988.
pp. 147-156.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive,
Norwell, MA 02061.

The role of glomerular hyperfiltration in the pathogenesis of diabetic glomerulopathy is examined. Specific attention is given to renal hemodynamics in experimental diabetes and to mechanisms of hyperfiltration in diabetes.

60

Renal Replacement Therapies for Diabetic Nephropathy

Loertscher, R.; Strom, T.B.

Clinical Diabetes. 2(5): 97-107, 116. September-October 1984.

The morphology and clinical course of diabetic nephropathy is presented. The four options available for renal replacement--hemodialysis, hemofiltration, peritoneal dialysis, and transplantation--are examined. The way each therapy works and the advantages and problems associated with each are discussed. The authors include diagrams that explain the progression of diabetic nephropathy and the process of hemofiltration as well as charts that list transplantation risk factors and locations of hemofiltration centers.

61

Renal Transplantation in Diabetic Patients: The Treatment of Choice

Sutherland, D.E.R., et al.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988.
pp. 341-348.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive,
Norwell, MA 02061.

A technical report addresses renal transplantation as the treatment of choice for diabetic patients with end-stage renal disease. Specific attention is given to assessing the need for kidney transplantation in such patients, patient preparation for transplantation, factors favoring successful outcomes, and complications. An analysis of transplantation results since 1979 is included.

62

Save Your Diabetic Patient From Early Kidney Damage

Chambers, J.K.

Nursing. 13(5): 58-64. May 1983.

This continuing education article presents information for nurses about protecting patients' kidneys from dehydration or infection that can be caused by routine tests such as x-rays, blood studies, catheterizations, and surgery. Topics discussed include the effects of diabetes on the kidneys; assessment of renal function on the basis of BUN and creatinine tests; nurse interventions that minimize or prevent renal damage in people with insulin-dependent diabetes; and the development of a teaching plan for IDDM patients. A test is also included.

63

Selected Aspects of Antihypertensive Therapy: Implications for the Prevention of Target Organ Damage in Black Patients

Curry, C.L.

Journal of the National Medical Association. 76(supplement).

July 1984.

The papers included in this symposium focus on topics related to the treatment of hypertension in black patients, with particular emphasis on prevention of target organ damage. Some of the subjects covered include a historical review of antihypertensive therapy; managing the patient with cerebrovascular disease, renal disease, or diabetes; compliance in black males; and the efficacy of once-a-day therapy.

64

Standards of Care for the CAPD Patient

Lane, T., et al.

Home Healthcare Nurse. 1(1): 48-54. September-October 1983.

ALSO IN: Nephrology Nurse. 4(5): 34, 36, 41-45. September-October 1982.

Three fact sheets for primary care nurses delineate standards of care for three types of patients on continuous ambulatory peritoneal dialysis (CAPD): diabetic CAPD patients, blind CAPD patients, and general patients. Each standard of care presents basic information about CAPD and long-term goals. A matrix format is used to define problems, patient outcomes, and nursing orders. The standards were developed at the CAPD clinic at Iowa Lutheran Hospital in Des Moines, Iowa.

65

Terminating Dialysis: A Case Study and Public Health Policy Analysis

Martin, K.

ANNA Journal. 12(6): 347-351. December 1985.

As an illustration of the health policy issue of the right to die, a case study is presented involving a 66-year-old man with diabetes who is in the terminal phase of chronic renal failure with no hope of recovery. The patient elected to terminate his dialysis and died peacefully. The clinical features of this case study are detailed.

66

Therapeutic Interventions in Nephropathy of IDDM

Mogensen, C.E.

Diabetes Care. 11(supplement 1): 10-15. November-December 1988.

The pathophysiology of diabetic renal disease has been greatly clarified in recent years. A better understanding of its developmental stages has led to a series of therapeutic intervention trials. The author describes the natural history of untreated insulin-dependent diabetes mellitus (IDDM) and the effects of various intervention modalities. Selected trials, some of them still in progress, are summarized, including studies of therapy with insulin, antihypertensives, and low-protein diets.

67

Transplantation, Hemodialysis, and Continuous Ambulatory Peritoneal Dialysis for End-Stage Renal Disease in Diabetic Patients

Jacobson, S.H. et al.

Journal of Diabetic Complications. 2(3): 150-157. July-September 1988.

This report compares survival, morbidity, and quality of life among transplanted and dialyzed diabetic patients. Comparisons are difficult, however, as young and relatively healthy diabetes patients are selected for kidney transplantation. Results show that long-term survival is possible for diabetes patients with end-stage renal disease on hemodialysis who undergo kidney transplantation. However, most diabetes patients who start hemodialysis will never be selected for kidney transplantation. The frequency of amputations is higher after kidney transplantation, but eyesight may be better preserved in transplantation patients than in hemodialyzed patients. Transplantation patients also rated higher than hemodialyzed patients in terms of quality of life and rehabilitation, and they had lower rates of suicide and discontinuation of therapy. Several patients with kidney transplants have even become pregnant.

Treatment of End-Stage Renal Disease in the Diabetic Patient

Miller, D.G.; D'Ella, J.A.

Practical Diabetology. 3(2): 14-16. March-April 1984.

This article discusses treatment options for diabetic patients with end-stage renal disease. It appears that transplantation from a four-antigen-match living, related donor offers somewhat better survival than treatment with other types of transplantation, hemodialysis, or peritoneal dialysis. With the use of donor-specific transfusions, it is possible that patients receiving one haplotype transplants from relatives may also have improved survival, although this remains to be proven. Whether or not cyclosporin and monoclonal antibodies will improve patient and graft survival remains to be seen. Currently, it appears that cadaver transplantation, hemodialysis, and continuous ambulatory peritoneal dialysis offer corresponding 2-year survivals for patients with diabetes. Survival is poor on intermittent peritoneal dialysis, probably because patients receiving intermittent peritoneal dialysis are sicker than those with renal failure. These patients may also receive subtle underdialysis. Morbidity is still a major problem and may be similar for all groups. At the present time, those diabetic patients with four-antigen matches probably should receive transplants. Others should have transplantation, hemodialysis, or peritoneal dialysis in accordance with their individual needs.

Urinary Tract Infection and Diabetes: Diagnosis and Treatment

Vejlsgaard, R.

In: Mogensen, C.E., ed. The Kidney and Hypertension in Diabetes Mellitus. Boston, MA: Martinus Nijhoff Publishing, 1988.
pp. 217-222.

AVAILABLE FROM: Kluwer Academic Fulfillment Center, 101 Philip Drive, Norwell, MA 02061.

This brief technical overview is presented on the diagnosis and treatment of urinary tract infections in diabetes. Specific attention is focused on diagnostic considerations; antimicrobial treatment; the dysuria frequency syndrome; and lower, upper, and chronic urinary tract infections. Therapeutic guidelines are included.

70

**Utilization of Renal Biopsy in Tracking Diabetes Type I Disease
Progress and Treatment**

Mauer, S.M.

Nashville, TN: Diabetes Treatment Centers of America Foundation,
1985. 12 pp.

AVAILABLE FROM: Diabetes Treatment Centers of America Foundation, One
Burton Hills Boulevard, Nashville, TN 37215.

This booklet examines the importance of charged sites in renal tissues, microalbuminuria as a precise predictor of diabetic nephropathy, retinopathy, and examination of retinal microcirculation. Also discussed are studies linking diabetic nephropathy with glomerular structural change and renal biopsy as a reliable method of tracking diabetes disease progress. A question/answer section is included.

71

Vascular and Neurologic Complications of Diabetes Mellitus

Belfiore, F.; Molinatti, G.M.; Williamson, J.R., eds.

Basel, Switzerland: S. Karger AG. 1987. 256 pp.

AVAILABLE FROM: S. Karger Publishers, Inc., 79 Fifth Avenue, New York,
NY 10003. PRICE: \$110.

This series of review articles on vascular and neurologic complications of diabetes addresses several important areas, including microangiopathy, diabetic nephropathy, diabetic retinopathy, macroangiopathy, and current biochemical research on diabetes complications. The chapter on microangiopathy includes studies on metabolic and functional changes, nonenzymatic glycosylation, endothelial and platelet alterations, and immunologic abnormalities. A section on diabetic nephropathy includes a discussion of structural and functional kidney changes from the standpoint of classification, pathogenesis, clinical aspects, and management.

Why Blind Diabetics With Renal Failure Should Be Offered Treatment

Flynn, C.T.

British Medical Journal. 287: 1177-1178. October 22, 1983.

The author reports on the progress and survival rates of 65 patients treated by continuous ambulatory peritoneal dialysis over a 5-year span. Of the 24 insulin-dependent diabetic patients, 20 were blind; 3 of the 8 noninsulin-dependent diabetic patients were blind; and 33 patients had neither diabetes nor blindness. Of the 23 blind patients, 22 successfully achieved self-care, including the self-administration of insulin into the peritoneal dialysis solution. On the basis of their relative survival rates at 5 years (60 percent for blind diabetes patients, 40 percent for sighted diabetes patients, 46 percent for the nondiabetic group), the author concludes that blind patients with diabetes and renal failure showed the ability to cope with the requirements of care and benefit from it and that treatment should be available for such patients.

PROFESSIONAL RESOURCES

Nonprint Materials

73

Chronic Complications of Diabetes (Sound Recording).

Ellenberg, M.

Bayside, NY: Soundwords.

1 cassette.

AVAILABLE FROM: Soundwords, Inc., 56-11 217th Street, Bayside, NY 11384. PRICE: \$9.95; \$27/set of three.

Various complications of diabetes are discussed, including two types of retinopathy, three stages of nephropathy, and five forms of neuropathy. A portion of the program deals with proper foot hygiene. Common foot lesions seen in the diabetic patient are categorized, and surgical treatments, including amputation, are explained.

74

Chronic Complications of Maturity-Onset Diabetes Mellitus (Videorecording).

New York, NY: Network for Continuing Medical Education.

3/4-inch U-Matic or 1/2-inch VHS or Beta videocassette (55 minutes), color.

AVAILABLE FROM: Network for Continuing Education, 15 Columbus Circle, New York, NY 10023, (800) 223-0272. PRICE: Write for complete information.

A panel discusses the variety of complications that are related to maturity-onset diabetes. Patient presentations demonstrate angiopathies, retinopathies, neuropathies, and nephropathies. Questions are posed and answered regarding diagnosis and appropriate therapeutic actions in each case.

Detection and Prevention of Kidney Problems (Slide-Tape, Videorecording).

Knopf, R.F.

Centers for Disease Control. Michigan Department of Public Health.

Michigan Diabetes Research and Training Center.

Ann Arbor, MI: University of Michigan, 1983; 2nd edition, 1985.

52 slides, color, with audiocassette (16 minutes) and program guide with script; or 1/2-inch VHS or Beta or 3/4-inch U-matic videocassette.

AVAILABLE FROM: Media Library, University of Michigan Medical Center, R4440 Kresge 1, Box 56, Ann Arbor, MI 48109, (313) 763-2074. ORDER NUMBER: 217. PRICE: Sale: \$100 slide-tape; \$125 slide-tape transferred to videocassette; Loan: \$35/week, slide-tape only. Bulk rates available. Contact directly for foreign rates.

This program describes the background, prevention, detection and monitoring, treatment and referral, and patient education principles specific to renal disease in people with diabetes. Management of diabetic nephropathy is related to the three stages of renal disease: kidney function, functional impairment, and end-stage renal disease. The role of hypertension in the progression of diabetic nephropathy and treatment goals are examined. The program is designed to accompany the National Diabetes Advisory Board publication The Prevention and Treatment of Five Complications of Diabetes: A Guide for Primary Care Practitioners.

Diabetes (Videorecording).

Princeton, NJ: Films for the Humanities and Sciences, Inc., 1988.

1/2-inch VHS or Beta or 3/4-inch U-matic videocassette (19 minutes).

AVAILABLE FROM: Films for the Humanities and Sciences, Inc., P.O. Box 2053, Princeton, NJ 08540, (609) 452-1128. ORDER NUMBER: 1451. PRICE: \$149 VHS, Beta 1 & 2; \$199 U-matic.

This program examines the two primary types of diabetes. It profiles a 37-year-old woman awaiting news of an available pancreas for a much-needed transplant. She details the effect of diabetes on her life, including three failed pregnancies, eye surgery to correct diabetic retinopathy, kidney failure, and neurological damage. The program also discusses the most current research, including islet cell transplants and other efforts aimed at treating, curing, and ultimately preventing the onset of this degenerative disease.

77

Diabetes Mellitus: Hypertension (Computer-Assisted Instruction).

Medical Logic International.

Rockville, MD: Hewlett Packard.

1 cartridge (60 minutes), to be used with Hewlett Packard 85B.

AVAILABLE FROM: Hewlett Packard, Four Choke Cherry Road, Rockville, MD 20850, (301) 948-6370. PRICE: \$295.

This program provides health personnel with dietary and preventive-care regimens and educational syllabuses for their patients with diabetes and hypertension. Each program segment includes questions for assessment of patient knowledge. Areas covered include prevention and control of acute diabetic complications, insulin administration and dosage, proper hygiene and skin care, content of the exchange lists, and the schedule for urine testing. Responses are entered for each question, and correct answers are displayed with an explanation for each incorrect response.

78

Diabetes Mellitus, Part II: Management of Diabetic Complications (Slide-Tape).

McDaniel, H.G., et al.

Garden Grove, CA: Medcom, 1983.

112 slides, color, with 2 audiocassettes (70 minutes) and program guide.

AVAILABLE FROM: Medcom, Inc., 12601 Industry Street, Garden Grove, CA 92641, (714) 891-1443 or (800) 854-2485. ORDER NUMBER: 7165. PRICE: \$145. Available for preview.

This program introduces the health care provider to the pathophysiology and treatment of chronic renal damage in the person with diabetes. Other renal complications of diabetes are mentioned, including papillary necrosis and bladder dysfunction. Control of hypertension and treatment of urinary tract infection are recommended as preventive therapy. The success of kidney transplantation and hemodialysis as treatments of end-stage renal disease are compared. Classifications of diabetic neuropathy are outlined. Case studies illustrate the clinical manifestations and progression of diabetic neuropathy. Preventive treatment is described, including tight diabetic control and proper hygiene and clothing. Also discussed are the diagnosis and treatment of infections. An accompanying program booklet contains a self-test.

Diabetic Nephropathy: Clinical Characteristics and Therapy
(Videorecording).

Gaillunas, P.

Dallas, TX: University of Texas Health Science Center at Dallas, 1980.
3/4-inch U-Matic videocassette (60 minutes), with print material.

AVAILABLE FROM: University of Texas Health Science Center at Dallas,
Dallas Area Hospital Television System, Department of Biomedical
Communications, 5323 Harry Hines Boulevard, Dallas, TX 75235, (214)
688-3692. ORDER NUMBER: WK 835 VT 136. PRICE: Sale: \$150; Loan:
\$50, 3 days. Contact Darryl Graham at (214) 904-2360 to arrange loan
or purchase for nonmembers of Dallas Area Hospital Television System.

The pathology, pathogenesis, natural history, and clinical
characteristics and complications of renal failure in diabetes
mellitus are outlined in this internal medicine grand rounds program.
The presentation explains the feasibility of prolonged survival with
the use of dialysis and renal transplantation.

Hypertension in Diabetes

National High Blood Pressure Education Program Coordinating Committee,
Working Group on Hypertension in Diabetes

Bethesda, MD: National High Blood Pressure Education Program, 1987.
Slides, script, hard copy of slides.

AVAILABLE FROM: High Blood Pressure Information Center, 120/80
National Institutes of Health, Bethesda, MD 20892, (301) 951-3260.
30-day loan.

This slide program was developed as an aid in presentations describing
the final report of the Working Group on Hypertension in Diabetes "Statement
on Hypertension in Diabetes Mellitus" (see citation 33). The program
contains slides, a script, hard copy of slides, and a copy of the report. It
outlines some special considerations relevant to the presence of both
hypertension and diabetes.

81

Hypertension in the Diabetic Patient (Slide-Tape, Videorecording).

Ann Arbor, MI: University of Michigan Medical Center, 1983.

60 slides, color, with audiocassette; or 1/2-inch VHS or Beta videocassette. Includes program guide with abstract, objectives, script, and worksheet with answers.

AVAILABLE FROM: Media Library, University of Michigan Medical Center, R4440 Kresge 1, Ann Arbor, MI 48109, (313) 763-2074. ORDER NUMBER: 06. PRICE: Sale: \$100 slide-tape, \$135 videocassette; Loan: \$35/week, slide-tape only.

The increased risks of untreated hypertension in the patient with diabetes, as compared with the patient without diabetes, are reviewed. The evaluation and management of hypertension in the patient with diabetes are described. Cautions in treating this group of patients are outlined.

82

Office Nurse and Diabetes Mellitus (Slides).

Ann Arbor, MI: University of Michigan Medical Center Biomedical Communications, 1986.

109 slides with program guide.

AVAILABLE FROM: Media Library, University of Michigan Medical Center, R4440 Kresge 1, Ann Arbor, MI 48109, (313) 763-2074. ORDER NUMBER: 221. PRICE: Sale: \$100; Loan: \$35/week.

This program presents a nine-part set of comprehensive outlines for teaching the office nurse about diabetes. Diabetes is defined, and the diagnosis and prevalence of diabetes are described. The anatomy and physiology of the pancreas are explained, and differences between insulin-dependent and noninsulin-dependent diabetes are discussed. Meal planning is explained, as are the goals of dietary management. Medications used to monitor and control diabetes are described. Various types of insulin are explained, along with how to select injections sites. The program concludes with an explanation of kidney transplants. A separate manual, The Office Nurse and Diabetes Mellitus: Self-Help Manual, is available for self-study.

Prevention and Treatment of Five Complications of Diabetes: A Guide for Primary Care Practitioners (Slide-Tape, Videorecording).

Centers for Disease Control. Michigan Department of Public Health. Michigan Diabetes Research and Training Center.

Ann Arbor, MI: University of Michigan, 1983.

62 slides, color, with audiocassette (13 minutes), and program guide with script; or 1/2-inch VHS or Beta or 3/4-inch U-matic videocassette.

AVAILABLE FROM: Media Library, University of Michigan Medical Center, R4440 Kresge 1, Box 56, Ann Arbor, MI 48109, (313) 763-2074.

ORDER NUMBER: 213. PRICE: Sale: \$100 slide-tape, \$125 slide-tape transferred to videocassette; Loan \$35/week; bulk rates available.

This overview program is designed to supplement information in the Prevention and Treatment of Five Complications of Diabetes: A Guide for Primary Care Practitioners in the day-to-day management of the patient with diabetes. Clinical applications of the principles advocated in the guide are demonstrated in five brief case studies. A discussion of diabetic complications includes visual impairment, adverse pregnancy outcome, foot problems, kidney problems, and acute hyperglycemia and ketoacidosis.

PATIENT RESOURCES

Print Materials

84

Advances in Kidney Transplantation of Special Interest to Patients With Diabetes

Fedusha, N.J.

Voice of the Diabetic. pp. 3-4. Winter 1988.

AVAILABLE FROM: Diabetes Division, National Foundation for the Blind,
919 Main Street, Suite 15, Rapid City, SD 57701, (605) 348-8418.

A kidney transplant surgeon discusses recent advances in kidney transplantation and presents current data relating to the success rates for such transplants. Specific attention is given to related-donor transplants. Experiences, risks, and prognoses are discussed.

85

Be Kind to Your Kidneys: Diabetes Checklist Number 4

Washington State Department of Social and Health Services. (Diabetes Checklist Series).

Olympia, WA: Diabetes Control Program. 1987. 3 pp. DSHS 22-576.

AVAILABLE FROM: American Diabetes Association, ADA Pamphlets, 3201 Fremont Avenue North, Seattle, WA 98103, (206) 632-4576 or (800) 628-8808. PRICE: \$1 for 100, single copy free.

This pamphlet describes the function of the kidneys, the occurrence of kidney damage in people with diabetes, and ways in which to lower the risk for developing kidney disease. Checklists are included for home kidney care, and suggestions for health care provider assistance are provided.

Controlling Kidney Complications

Dworetzky, T.

Countdown. pp. 22-25. Spring 1987.

An overview of the prevalence and causes of diabetic nephropathy in people with insulin-dependent diabetes mellitus (IDDM) is presented. According to the author, nearly 40 percent of all people with IDDM will develop renal problems 20 years after the onset of diabetes. New research findings indicate that diabetic nephropathy is associated with structural and functional abnormalities characterized by an increase in proteinuria and blood pressure and a decrease in the glomerular filtration rate. Treatment options that are currently under study for the prevention or early treatment of diabetic nephropathy are discussed, including aggressive glycemic control, use of insulin pumps, low-protein diets, and drugs.

Cooking the Renal Way

Clackamas, OR: Oregon Council on Renal Nutrition, 1985. 110 pp.

AVAILABLE FROM: Kim Marvick, R.D., Clinical Dietitian, Kaiser Sunnyside Hospital, 10190 Southeast Sunnyside Road, Clackamas, OR 97015.

Recipes in this cookbook are designed for chronic dialysis patients and their families. Categories include entrees, starches, salads, sauces and dressings, vegetables, soups, regular desserts, and diabetic desserts. Nutrient analysis for carbohydrate, protein, fat, calories, sodium, potassium, calcium, and phosphorus per serving is listed at the end of each section with the exchange for one serving. Recipes marked with asterisks should not be used by people with diabetes.

Creative Cooking for Renal Diabetic Diets

Cleveland Clinic Foundation, Department of Nutrition Services.

Chesterland, OH: Senay Publications, 1987.

AVAILABLE FROM: Cleveland Clinic Foundation, Department of Nutrition Services, 9500 Euclid Avenue, Cleveland, OH 44106, (216) 444-6655. Or Senay Publications, P.O. Box 397, Chesterland, OH 44026. PRICE: \$11.95 plus \$1.50 for shipping and handling.

This book contains 187 recipes in large, bold, easy-to-read print. All recipes have been tested in the Cleveland Clinic Foundation department of nutrition services test kitchen. Recipes have been modified for sodium, potassium, protein, and fluid control as well as for carbohydrates. Most recipes use ingredients the patient is likely to have on hand. A breakdown of sodium, potassium, protein, carbohydrates, and calories is given for each serving and each recipe. Exchange lists are also included.

Diabetes and Kidney Disease: How Does Diabetes Affect Your Kidneys?

Ann Arbor, MI: National Kidney Foundation of Michigan, Inc., 1986.
4 pp.

AVAILABLE FROM: National Kidney Foundation of Michigan, Inc., 3378
Washtenaw Avenue, Ann Arbor, MI 48104, (313) 971-2800 or (800) 482-
1455 in Michigan. PRICE: Free.

This brochure discusses how diabetes can cause kidney damage as a result of diabetic microvascular disease affecting the filtering units of the kidney. Other diabetic complications and the manifestations of kidney disease are tabled. Preventive measures include a healthy lifestyle and control of high blood pressure. Diet therapy and various medications are the first forms of treatment for kidney failure. End-stage renal failure can be treated with kidney transplantation, hemodialysis, or peritoneal dialysis. The type of treatment chosen depends on the overall health and personal preference of the individual patient.

Diabetes and Kidney Diseases

New York, NY: National Kidney Foundation, Inc., 1986. 12 pp.

AVAILABLE FROM: National Kidney Foundation, Inc., 30 East 33rd
Street, New York, NY 10016, (800) 622-9010. PRICE: Free.

This pamphlet, which includes a table, lists the early and late symptoms of kidney failure in diabetes and identifies important points a patient should remember. The three treatments for end-stage renal failure (transplantation, hemodialysis, and peritoneal dialysis) and the role they play are explained. The success of these treatments in patients with diabetes is almost equal to that for nondiabetic kidney patients.

91

Diabetes and the Kidneys

Friedman, E.

Bethesda, MD: American Kidney Fund, 1982. 11 pp. (Public Information Series).

AVAILABLE FROM: American Kidney Fund, 6110 Executive Boulevard, Rockville, MD 20852, (301) 881-3052 or (800) 638-8299. PRICE: Free.

This booklet recognizes the trend of accepting people with diabetes into hemodialysis programs and outlines the occurrence and treatment of diabetic nephropathy and future therapy for patients. Diabetic nephropathy may occur from gradual and continuing injury to the filtering portion of the kidneys. Progressive degeneration of the large arteries in the kidney reduces kidney function and must be treated. Improvement in the treatment of kidney failure in diabetic nephropathy is credited to the recognition of the importance of control for hypertension, normalization of blood glucose, and aggressive intervention by ophthalmic surgeons.

92

Diabetes and Nephropathy

Lexington, KY: Kentucky Diabetes Foundation.

AVAILABLE FROM: Kentucky Diabetes Foundation, Materials Department, Suite 321, 120 North Eagle Creek Drive, Lexington, KY 40509, (606) 263-5032. CARD NUMBER: 26. PRICE: \$1 each plus \$0.75 for shipping and handling.

This teaching card defines nephropathy in simplified terms. It emphasizes the important steps for prevention and treatment of nephropathy and lists the symptoms of kidney disease.

93

Diabetic Renal Diet

Springfield, IL: Memorial Medical Center, 1987. 22 pp.

AVAILABLE FROM: Renal Nutrition Services, Division of Nephrology, Memorial Medical Center, 800 North Rutledge Street, Springfield, IL 62781. Price: \$5 each or \$25 for set of six.

Specific dietary guidelines for a diabetic renal diet are provided for kidney disease patients. Information is included on foods allowed and foods to be avoided, including meat and meat substitutes; milk and milk products; breads, cereals, and desserts; fruits and fruit juices; vegetables; fats; beverages; and miscellaneous foods. General diet instructions, information on daily free fluid restrictions, suggestions for using foods under each food group, and a meal plan form also are included.

Diabetic Sodium-Controlled Diet

Springfield, IL: Memorial Medical Center. 1987. 22 pp.

AVAILABLE FROM: Renal Nutrition Services, Division of Nephrology, Memorial Medical Center, 800 North Rutledge Street, Springfield, IL 62781. PRICE: \$5 each or \$25 for set of six.

Specific dietary guidelines for a diabetic sodium-controlled renal diet are provided for kidney disease patients. Information is included on foods allowed and foods to be avoided, including meat and meat substitutes; milk and milk products; breads, cereals, and desserts; fruits and fruit juices; vegetables; fats; beverages; and miscellaneous foods. General diet instructions, information on daily free fluid restrictions, suggestions for using foods under each food group, and a meal plan form also are included.

Diet for the Transplant Patient

Chan, A.

Galveston, TX: University of Texas Medical Branch at Galveston, 1986. 22 pp.

AVAILABLE FROM: University of Texas Medical Branch, Renal Services, Route 79, Galveston, TX 77550. PRICE: \$6 each, \$5 each with order of 10 or more, \$1 per copy for postage and handling.

The kidney transplant diet is explained in terms of medications affecting nutrition, obesity, hypertension, hyperlipidemia, diabetes, and hypophosphatemia. Listings of food groups are provided. Helpful information on the caloric content of fast foods and snacks, alternatives to high-cholesterol foods, fiber-rich foods, and weight guidelines are included.

Eating Right--Diabetic Dialysis Patient Booklet

Minneapolis, MN: Regional Kidney Disease Program.

AVAILABLE FROM: DIALYRN, Regional Kidney Disease Program, 701 Park Avenue South, Minneapolis, MN 55415, (612) 347-5986. PRICE: \$3.

Designed by renal dietitians to help improve patient understanding of nutrition, this booklet features easy-to-read formats. Information about basic food groups, fluids, portion guidelines, and eating away from home is included together with an area for recording the individual patient's diet. A dietitian's guide for using the booklet accompanies the purchase.

97

Emergency Diet Plan

Seattle, Washington: Northwest Kidney Foundation, 1987. 4 pp.

AVAILABLE FROM: Northwest Kidney Foundation, P.O. Box 3000, Seattle, WA 98114. PRICE: Free.

Special information for dialysis patients with diabetes and emergency meal plans are discussed in this pamphlet for persons on dialysis. The suggestions include stricter diet plans, which are not recommended as a substitute for dialysis but will help keep blood values within normal limits until dialysis is resumed.

98

Family Stress in Diabetic Renal Failure

Piening, S.

Health and Social Work. 9(2): 134-141. Spring 1984.

The focus in this article is on families of young to middle-age patients with diabetes in renal failure. Chronic renal failure may bring a keen awareness of mortality and added stress to patients. Many married patients with renal disease, blindness, neuropathy, or impotence return to homes of parents, and an emotional abandonment of spouses may lead to divorce. Decreased mobility and complications of diabetes often result in pessimism and less interest in social activities. The social worker's goal is to help these patients cope with the stress of illness and preserve their quality of life.

99

Father's Story

Garn, J.

Diabetes Forecast. 41(5): 23-28. May 1988.

A personal report details the story of a father who donated his kidney to his 26-year-old daughter who had been diagnosed with diabetes at age 10. Specific attention is given to his learning of the transplant option, his apprehensions, the successful outcome, and the personal reward he experienced.

100

Gift of Life

Beckler, A.W.

New York, NY: Rawson Associates, 1983.

AVAILABLE FROM: Rawson Associates, 866 Third Avenue, New York, NY 10022.

This book for patients with diabetes and their families is the personal account of a man with insulin-dependent diabetes and his struggles in coping with this disorder, including kidney complications and ultimately a kidney transplant. The story, covering a period from 1942 to 1981, culminates in attainment of good health through a pancreas transplant.

101

Hillcrest Happy Kidney Kookbook

Robinson, S.G.

Tulsa, OK: Hillcrest Medical Center, 1987. 169 pp.

AVAILABLE FROM: Administrative Director, Renal Disease Center, Hillcrest Medical Center, 1145 South Utica, Tulsa, OK 74104, (918) 584-1351, ext. 7976. PRICE: \$9.95. Make check payable to Hillcrest's Renal Disease Center.

This cookbook was developed to help dialysis patients and their families understand and follow a diet prescription. It is intended for use by diabetic and nondiabetic patients who need to control one or more elements in their diet, both before and during maintenance hemodialysis or peritoneal dialysis. It features a renal diabetic exchange system, tips to control fluid intake, and calculations of protein, sodium, potassium, and calories per serving of each recipe.

102

Illustrated Renal Diet Booklet

Masumoto-Nonaka, S.; Nakasone, R.

Honolulu, HI: Saint Francis Hospital, 1982. 15 pp.

AVAILABLE FROM: Saint Francis Hospital, 2230 Liliha Street, Honolulu, HI 96817.

A booklet developed by renal dietitians for kidney disease patients provides full-color illustrations of foods that are appropriate for or need to be limited in the renal diet. Each food illustration provides the quantity allowed and is organized among different food categories. The categories cover allowable and high-sodium breads; allowable meats and moderate- and high-sodium meat products; fruits and vegetables, and low-, moderate-, and high-potassium fruits and vegetables; fluid foods and beverages and guidelines for their appropriate control; miscellaneous foods for everyone and those for diabetic patients only; and foods that are high in sodium or high in potassium and/or phosphorus that should be limited. A form for constructing a daily dietary plan is included.

103

Just What the Doctor Ordered. Gourmet Recipes Developed With Boston's Beth Israel Hospital for Low-Calorie, Diabetic, Low-Fat, Low-Cholesterol, Low-Sodium, Bland, High-Fiber, and Renal Diets.

Goodman, H.W.; Morse, B.

Orlando, FL: Holt, Rinehart, and Winston, 1982. 697 pp.

AVAILABLE FROM: Holt, Rinehart, and Winston, Inc., Orlando, FL 32887.

A cookbook presents gourmet recipes developed in concert with a hospital for low-calorie, diabetic, low-fat, low-cholesterol, low-sodium, bland, high-fiber, and renal diets. More than 250 basic recipes cover appetizers to desserts, each of which contains modifications for four different basic diets (low sodium, bland, high fiber, and renal). Caloric and nutritional information accompany each recipe, permitting a meal-by-meal accounting of daily intakes of calories, cholesterol, sodium, fat, protein, carbohydrates, and other nutrients. Basic nutrition facts are included, in addition to information about the medical reasons for special diets and reading food labels.

104

Kidney Disease: Providing Medical and Emotional Support for Patients
Rafferty, J.F.
Joslin Magazine. 2(3): 14-19. Summer 1986.

The diagnosis and treatment of kidney disease at the Joslin Diabetes Center are discussed. Research on ways to arrest the progress of the disease are in progress. Treatment choices once the kidneys have failed (hemodialysis, peritoneal dialysis, and transplantation) are described.

105

Kidney Treatment Today
Goetz, F.C.; Hostetter, T.H.
Diabetes Forecast. 37(5): 49-54. September-October 1984.

The authors describe normal kidney function and how it is adversely affected by diabetes. Measures to prevent kidney failure (control of blood glucose, treatment of hypertension, and prompt attention to urinary tract infections) are recommended. The discussion of treatment for failed kidneys addresses kidney transplant surgery and four modes of dialysis. Procedures, risks, followup care, and costs for each treatment are outlined, and the importance of prevention is emphasized.

106

Living With Diabetes. The Revolutionary Self-Care Diabetes Program Developed by Rockefeller and Cornell University Researchers.
Subak-Sharpe, G.
New York, N.Y.: Doubleday, 1985. 291 pp.

AVAILABLE FROM: Doubleday and Company, 666 Fifth Avenue, New York, NY 10103.

Extensive information about diabetes and guidelines for a self-care program are presented in this book. Twenty chapters detail basic information about diabetes; diagnosis of diabetes; diabetes self-care program; self-monitoring; the importance of insulin in controlling diabetes; diet and exercise; using an insulin pump; managing pregnancy with diabetes; psychological aspects of diabetes; complications with the eyes, cardiovascular system, nervous system, kidneys, and infection; managing diabetes in childhood and adolescence; how to avoid food problems; and travel and other potential problems. The focus of this book is on insulin-dependent diabetes. Charts, data tables, recipes, a list of organizations concerned with diabetes, a glossary, and a selected bibliography are included.

107

Long-Term Complications of Diabetes Mellitus

Limauro, K.T.; Pek, S.

Ann Arbor, MI: Diabetes Research and Training Center, University of Michigan, 1983. 16 pp.

AVAILABLE FROM: University of Michigan, School of Medicine, Diabetes Research and Training Center, 3700 Upjohn Center, Ann Arbor, MI 48109, (313) 763-5256. PRICE: \$2.50/booklet; \$20/set of 10. Discount on purchase of 10 or more.

A discussion of the potential long-term complications of diabetes addresses diabetic retinopathy, diabetic nephropathy, large blood vessel disease, and diabetic neuropathy. The characteristics, diagnosis, treatment, and prevention of these complications are briefly summarized.

108

Management of the Diabetic Patient With Kidney Disease and Blindness

Najarian, J.

Voice of the Diabetic. pp. 11-12. Winter 1988.

AVAILABLE FROM: Diabetes Division, National Foundation for the Blind, 919 Main Street, Suite 15, Rapid City, SD 57701, (605) 348-8418.

This report for patients presents basic information about the management of blind diabetes patients with kidney disease. The report notes that it has been possible to improve the vision of 17 percent and stabilize the vision of 62 percent of diabetic patients with some degree of vision. Pancreas and kidney transplantations in diabetic patients also are discussed.

109

Meal Pattern

Tampa, FL: F.S.H., Inc., 1987. 88 pp.

AVAILABLE FROM: F.S.H., Inc., P.O. Box 6105, Tampa, FL 33608-0105.

PRICE: \$15 plus \$1.50 postage and handling.

This book contains more than 165 meal patterns for renal, diabetic renal, and diabetic/calorie-controlled diets. The calculations are based on the 1986 diabetic exchange lists developed by the American Dietetic Association and the American Diabetes Association, which have significant changes in both calories and protein levels in different food groups. The book describes the food groups and how to make simple adjustments in patterns to change sodium and potassium levels without changing entire patterns. Nutrient analysis is given for each serving. Diets are shown with and without milk. Diabetic/calorie-restricted diets range from 800 to 2,600 calories.

110

Message for People Who Have Diabetes and High Blood Pressure

Olympia, WA: Washington State Department of Social and Health Services, July 1985. 4 pp.

AVAILABLE FROM: Washington State Department of Social and Health Services, Hypertension Control Program, LP-12, Olympia, WA 98504.

PRICE: Free.

This pamphlet warns that diabetes or high blood pressure can lead to heart disease, stroke, blindness, or kidney disease and explains that people who have both diabetes and high blood pressure have an even greater chance of developing these health problems. It also discusses possible treatments that the doctor may prescribe--weight loss, exercise, restriction of sodium intake, medications, and testing of blood pressure and blood glucose levels at home.

111

No Time to Lose

Kleiman, G.; Dody, S.

New York, NY: William Morrow and Company, 1983. 284 pp.

AVAILABLE FROM: William Morrow and Company, 105 Madison Avenue, New York, NY 10016, (212) 889-3050. ISBN 0-688-01822-X. PRICE: \$13.95.

In this first-person account, a man with insulin-dependent diabetes relates his attitudes, actions, and ways of coping with diabetes from the age of 6 to the age of 28. The author has experienced numerous complications of diabetes, including kidney disease. He also describes his work with young people with diabetes at the diabetic unit of the University of Miami Hospital.

112

Nutrition and Changing Kidney Function

New York, NY: National Kidney Foundation, Inc. 1986. 6 pp.

AVAILABLE FROM: National Kidney Foundation, Inc., 30 East 33rd Street, New York, NY 10016, (800) 622-9010. PRICE: Free.

This leaflet offers tips to help people with kidney disease and diabetes follow their diets. It is recommended that a person with either disease consult with a doctor and a renal dietitian. Food substances such as protein, sodium, phosphorous, potassium, fluids, and calories may need to be controlled in the diet.

113

Nutrition: The Art of Good Eating; A Workbook for People on Dialysis, 2nd edition

Wilkins, K.; Schiro, K.; Wold, S.

Seattle, WA: Northwest Kidney Foundation, 1984. 129 pp.

AVAILABLE FROM: Northwest Kidney Foundation, P.O. Box 3000, Seattle, WA 98114, (206) 543-6397.

A workbook for kidney disease patients on dialysis is designed for tailoring personal nutritional needs with dialysis treatment. The text is organized into three principal parts: basic information on sodium, fluid, and potassium intakes; special information on various nutritional requirements (phosphorus, protein, caloric), complications (diabetes, nausea, constipation), peritoneal dialysis, and practical topics (eating out, exercise); and recipes and food preparation plans. Food lists to conform to appropriate sodium, potassium, phosphorus, and calcium intakes are appended.

114

Pertinent Data About Kidney Transplantation and Dialysis

Bryant, E.

Voice of the Diabetic. p. 7, 10. Winter 1988.

AVAILABLE FROM: Diabetes Division, National Foundation for the Blind,
919 Main Street, Suite 15, Rapid City, SD 57701, (605) 348-8418.

A technical report discusses the benefits of kidney transplants and the limitation of dialysis for treating patients whose kidneys are severely damaged because of diabetes. The report urges patients undergoing dialysis treatments to look into the possibility of a kidney transplant. Information is provided to help such patients make the choice between continued dialysis and kidney transplantation.

115

Prevention and Treatment of Five Complications of Diabetes: A Guide for Patients With an Introduction to Day-to-Day Management of Diabetes

Minneapolis, MN: International Diabetes Center.

AVAILABLE FROM: National Diabetes Information Clearinghouse, Box NDIC,
Bethesda, MD 20892, (301) 468-2162. PRICE: \$2.

A detailed guide for diabetes patients provides information and advice for the daily management of diabetes and for preventing or coping with five complications of diabetes: eye, foot, and kidney problems; high blood sugar; and ketoacidosis. Guidelines also are included for a successful pregnancy for women who either have or develop diabetes during pregnancy. Practical tips and checklists are included throughout the guide.

116

Renal Cookbook

Springfield, IL: Memorial Medical Center, 1987. 85 pp.

AVAILABLE FROM: Renal Nutrition Services, Division of Nephrology,
Memorial Medical Center, 800 North Rutledge Street, Springfield, IL
62781. PRICE: \$5 each or \$25 for set of six.

A cookbook for kidney disease patients provides numerous recipes appropriate for a renal diet. Included are both original recipes contributed from renal patients and the staff of a renal nutrition service at a medical center and recipes taken from cookbooks, magazines, and newspapers. The recipes are grouped in two sections: basic renal food groups and "creative combinations." The former section provides recipes arranged to correspond to various food groups for a personalized renal diet; the latter section contains a variety of recipes ranging from entrees and main dish salads and casseroles to ethnic, home-baked, vegetable and fruit variations and diabetic alternatives.

117

Renal/Diabetic Diet

Holloway, E., et al.

Nashville, TN: Tennessee Council on Renal Nutrition, 1987. 20 pp.

AVAILABLE FROM: National Kidney Foundation of Middle Tennessee, Attn: TCRN, 2120 Crestmoore Road, Nashville, TN 37215-2613, (615) 383-3887.
PRICE: \$2.

This diet instruction booklet is directed to the diabetes patient with renal disorders. It provides sick-day rules for insulin reactions and a daily meal plan as well as choices available from the food groups needed to control the intake of calories, protein, sodium, fluid, and potassium. Although the amounts and number of choices from the food groups would be decided by the patient's dietitian, the plan provides exchange lists and gives instructions for each food group.

118

Renal Diabetic Diet Instruction Booklet

Cleveland, OH: Cleveland Clinic Foundation, 1987. 26 pp.

AVAILABLE FROM: Kidney Foundation of Ohio, Inc., 2026 Lee Road, Cleveland, OH 44118, (216) 371-8330. PRICE: \$3 each plus postage;
1-5 copies, \$1.50; 6-25 copies, \$1.75; 26-50 copies, \$2.25;
51-100 copies, \$2.75; 101-200 copies, \$4; 201 or more copies, \$5.

This booklet explains the reasons for limiting or controlling the amount of certain food constituents and minerals from the diet of diabetic patients with renal disease. Lists of foods allowed and to be avoided in the various categories of foods and fluids are provided. Meal planning worksheets are included.

119

Renal Diet Manual

Harum, P.

Miami, FL: Printing Plus, 1988. 147 pp.

AVAILABLE FROM: Printing Plus, The Renal Diet Manual, 7928 Southwest 105th Place, Miami, FL 33173. PRICE: \$15.50, includes postage and handling.

Also available in Spanish.

This manual presents diet information for specific treatments of kidney disease, including conservative management, hemodialysis, continuous ambulatory peritoneal dialysis, continuous cycling peritoneal dialysis, intermittent peritoneal dialysis, and transplantation. Topics covered include nutrient requirements, attainment of desirable weight, body frame types, fiber in foods, diabetes, exchange lists, sample menus, exercise, anemia, obesity, and blood chemistry. A listing of resources in the United States and Europe is included.

120

Renal Failure and Diabetes

New York, NY: National Association of Patients on Hemodialysis and Transplantation, Inc. 5 pp.

AVAILABLE FROM: American Association of Kidney Patients, One Davis Boulevard, Suite LL-1, Tampa, FL 33606, (813) 251-0725. PRICE: Free.

Diabetes patients run a high risk of kidney failure. Blood proteins are damaged due to exposure to abnormally high levels of blood glucose, resulting in weakened blood vessels that harm the kidneys, heart, and eyes. Uremia develops as kidneys deteriorate and fail to filter wastes adequately. Diabetes patients must work closely with a medical team to control the rate of kidney damage. Preventive programs include consultation with nephrologists, blood chemistry checks, controlled diets, and exercise. Once a patient has uremic poisoning, three major rehabilitative therapies can be utilized: maintenance hemodialysis, peritoneal dialysis, and renal transplantation. A brief description of each of these therapies is included. The brochure itemizes the activities of the National Association of Patients on Hemodialysis and Transplantation, Inc. (now known as the American Association of Kidney Patients, Inc.).

121

Understanding Kidney Disease

Kaye, W.A.

Diabetes Forecast. 40(11): 25-29. November 1987.

An overview of kidney disease as a slow, progressive complication of diabetes is presented. The five stages of diabetic nephropathy are described. Early diagnosis is recommended through urine tests for protein and blood tests for BUN and creatinine. Control of blood glucose levels, normalizing blood pressure, and low-protein diets are examined as potential contributors to slowing the progression of nephropathy. Treatment options include hemodialysis, peritoneal dialysis, and kidney transplantation.

122

Your Diabetic Kidney Diet

Dorsey, J.D.

Milwaukee, WI: St. Michael Hospital, 1984. 51 pp.

AVAILABLE FROM: Joan Dorsey, Renal Dietitian, St. Michael Hospital,
2400 West Villard Avenue, Milwaukee, WI 53209.

A brochure for diabetic patients provides information and guidelines concerning diets. Basic information is included on kidney function, dietary factors, how to develop a diet plan, and foods to avoid. A table lists the sodium and potassium content of a wide variety of foods in different food groups. Practical information is given on eating away from home; lowering the potassium content of fruits and vegetables; and uses of herbs, seasonings, and spices. A list of renal cookbooks and a sample food diary are appended.

PATIENT RESOURCES

Nonprint Materials

123

Biotel Kidney Home Screening Test for Kidney Disorders

Oakbrook Terrace, IL: American Diagnostics, Inc., 1987.

AVAILABLE FROM: Customer Service, American Diagnostics, Inc., Two Mid America Plaza, Suite 800, Oakbrook Terrace, IL 60181, (312) 954-2224.
PRICE: \$15.

This self-administered test detects both blood (free hemoglobin and intact red blood cells) and protein (albumin) in urine. Neither substance is present in detectable amounts in normal urine. A small amount of blood in urine is often a sign of infection; cancer; or injury of the bladder, urinary tract, or kidneys. Protein in urine is often a sign of impaired kidney function as a result of pyelonephritis, glomerular sclerosis, or other serious disease or, in pregnancy, of preeclampsia. Each strip contains two yellow reactive pads. One pad turns green in the presence of blood; the other turns greenish-blue in the presence of protein. The blood detection is based on the pseudoperoxidative activity of hemoglobin and myoglobin.

124

Diabetes and Complications: Focus on Living (Motion Picture/Videorecording).

Oracle Films. (Diabetes Focus Series).

Venice, CA: Oracle Film and Video, 1983.

16-mm film (23 minutes), color; or 3/4-inch U-Matic or 1/2-inch Beta or VHS videocassette (23 minutes), color; with discussion guide.

AVAILABLE FROM: Oracle Film and Video, 1820 14th Street, Suite 202, Santa Monica, CA 90404, (800) 262-4550 (outside California) or (213) 450-6637 or (213) 450-6905. PRICE: \$395.

A group of people with complications from diabetes (including retinopathy, cardiovascular disease, neuropathy, and nephropathy) discuss the psychosocial impact of these disorders, their quality of life, and ways to maintain glucose control.

Minimizing Long Term Complications of Diabetes (Videorecording).

Milner-Fenwick, Inc. Johns Hopkins Diabetes Center.

Timonium, MD: Milner-Fenwick, Inc., 1986.

1/2-inch VHS or Beta, or 3/4 U-matic videocassette (13 1/2 minutes).

AVAILABLE FROM: Milner-Fenwick, Inc., 2125 Greenspring Drive,
Timonium, MD 21093-9989, (800) 638-8652 or (301) 252-1700. ORDER
NUMBER: DB-18. PRICE: \$250; preview, \$15/15 days.

Utilizing live photography and animation, this videocassette program is designed to help patients with diabetes understand that complications affecting vision, the circulatory system, the kidneys, and the nervous system can be minimized if medical advice and self-care regimens are followed and tight control is maintained.

SUBJECT INDEX

Citation Numbers

- Albuminuria. 6, 10, 15, 43, 44, 50, 54, 57, 123
See also--Diagnosis
- Audiovisual Aids 73-83, 124-125
- Blacks 54, 63
- Blindness. 12, 55, 64, 72, 98, 108, 110, 111
See also--Visual Disorders
- CAPD--See Peritoneal Dialysis
- Cardiovascular Diseases. 4, 32
- Children 59
- Community Resources. 5
- Cookbooks. 87, 88, 101, 103, 116
- Diagnosis. 10, 19, 28, 38, 57, 62, 69, 70, 74, 75, 78, 123
- Diabetic Foot. 2, 20
- Dialysis 1, 19, 65, 67, 79, 87, 96, 101, 105, 114
See also--Hemodialysis, Peritoneal Dialysis
- Diet 2, 3, 11, 19, 22, 25, 27, 46-48, 52, 56, 66, 87-89, 93-97,
101-103, 109, 112, 113, 116-119, 122
- Epidemiology 13, 19, 24, 36-40, 44, 50, 54
- Family 98, 99
- Hematuria. 28
See also--Diagnosis
- Hemodialysis 17-20, 29, 32, 60, 67, 68, 78, 89-91,
104, 121
See also--Dialysis
- Heredity 4, 26, 51, 56
- Hypertension 4, 10, 13, 18, 31-36, 38, 42, 50-52, 56, 63,
75, 77, 80, 110

SubjectCitation Numbers

Infection.62, 106
Microalbuminuria--See Albuminuria	
Nursing Care	20, 21, 23, 62, 64, 82
Nutrition--See Diet	
Organ Donation	84, 99
Patient Education.5, 23, 41, 47, 62, 77, 92
Peritoneal Dialysis.	2, 7, 8, 12, 14, 17, 19, 23, 30, 55, 60, 64, 67, 68, 72, 89, 90, 104, 121
Pregnancy.	16, 20, 43
Prevention	1, 6, 19, 52, 53, 75, 86, 89, 92
Proteinuria.15, 37, 57, 123
Psychosocial Factors	2, 5, 8, 65, 98-100, 111, 112, 124
Research6, 19, 26, 38, 39, 44, 45
Risk Factors4, 19, 24, 32, 36, 56, 85
Self-Care.	106, 125
Spanish Language119
Transplantation.	17, 19-21, 40, 58, 60, 61, 67, 68, 76, 78, 79, 84, 89, 90, 95, 100, 104, 105, 114, 121
Treatment--See Dialysis, Diet, Hemodialysis, Hypertension, Infection, Peritoneal Dialysis, Self-Care, Transplantation, Urinary Tract Infections	
Urinary Tract Infections52, 69, 78, 105
Visual Disorders2, 3, 7, 20, 31, 70, 71, 74, 76, 83, 106, 115, 124, 125
See also--Blindness	

TITLE INDEX

	Citation <u>Number</u>
Acute Renal Failure in Diabetics	1
Advances in Kidney Transplantation of Special Interest to Patients With Diabetes.	84
Be Kind to Your Kidneys: Diabetes Checklist Number 4.	85
Biotel Kidney Home Screening Test for Kidney Disorders.	123
CAPD in Diabetics.	2
Chronic Complications of Diabetes.	73
Chronic Complications of Maturity-Onset Diabetes Mellitus.	74
Chronic Renal Failure.	3
Coexisting Hypertension and Diabetes	4
Community Resource Guide for Diabetes Educators.	5
Consensus Statement [Kidney Disease of Diabetes Mellitus].	6
Continuous Ambulatory Peritoneal Dialysis as a Treatment for Diabetic Patients With End-Stage Renal Disease.	7
Controlling Kidney Complications	86
Cooking the Renal Way.	87
Creative Cooking for Renal Diabetic Diets.	88
Council of Nephrology Social Workers: Compliance Issues in ESRD . . .	8
Course of Incipient and Overt Diabetic Nephropathy: The Perspective of Insulin Pump Treatment	9
Course of Renal Function Before and During Antihypertensive Treatment in Diabetic Nephropathy	10
Demystifying the Low Protein Diabetic Diet	11
Detection and Prevention of Kidney Problems.	75
Devices to Achieve Self-Care in Blind Diabetic Patients With Renal Failure.	12

<u>Title</u>	<u>Citation Number</u>
Diabetes	76
Diabetes and Arterial Hypertension	13
Diabetes and Complications: Focus on Living	124
Diabetes and Kidney Disease: How Does Diabetes Affect Your Kidneys?	89
Diabetes and Kidney Diseases	90
Diabetes and the Kidneys	91
Diabetes and Nephropathy	92
Diabetes and Renal Disease: Getting the Patient Home on C.A.P.D . . .	14
Diabetes Mellitus: Hypertension	77
Diabetes Mellitus, Part II: Management of Diabetic Complications. . .	78
Diabetic Nephropathy	15
Diabetic Nephropathy and Pregnancy	16
Diabetic Nephropathy: Clinical Characteristics and Therapy.	79
Diabetic Nephropathy: Managing Complications and Using Current Therapy	17
Diabetic Nephropathy: News Briefing for Sciences Writers on Transplantation, Dialysis and Kidney Research	18
Diabetic Nephropathy: Progress in Treatment, Potential for Prevention	19
Diabetic Nephropathy: Strategy for Therapy.	20
Diabetic Renal Diet.	93
Diabetic Sodium-Controlled Diet.	94
Diabetic Transplant Patient: Nursing Considerations	21
Diet for the Transplant Patient.	95
Dietary Factors Influencing Progression of Renal Failure	22

<u>Title</u>	<u>Citation Number</u>
Eating Right--Diabetic Dialysis Patient Booklet.	96
Education and Care of the Diabetic Patient on CAPD	23
Emergency Diet Plan.	97
Epidemiology of Renal Involvement in Diabetes Mellitus	24
Evaluation of Protein in Dietary Management of Diabetes Mellitus	25
Familial Clustering of Diabetic Kidney Disease	26
Family Stress in Diabetic Renal Failure.	98
Father's Story	99
Gift of Life	100
Handbook of Diabetes Nutritional Management.	27
Hematuria: When is it Cause for Alarm?.	28
Hemodialysis in Type 1 and Type 2 Diabetic Patients With End- Stage Renal Failure	29
Hillcrest Happy Kidney Kookbook.	101
Home Peritoneal Dialysis: An Option for the Moribund Diabetic Patient.	30
How to Treat Hypertension in Diabetic Patients	31
Hypertension and Cardiovascular Risk Factors in Hemodialyzed Diabetic Patients	32
Hypertension in Diabetes	80
Hypertension in Diabetes Mellitus. Final Report of the Working Group on Hypertension in Diabetes	33
Hypertension in Diabetics with Renal Disease	34
Hypertension in the Diabetic Patient (print)	35
Hypertension in the Diabetic Patient (nonprint).	81
Hypertension: The Major Risk Factor in Juvenile-Onset Insulin-Dependent Diabetes.	36

<u>Title</u>	<u>Citation Number</u>
Illustrated Renal Diet Booklet	102
Incidence of Nephropathy in Insulin-Dependent Diabetes as Related to Mortality Statistics	37
Just What the Doctor Ordered. Gourmet Recipes Developed with Boston's Beth Israel Hospital for Low-Calorie, Diabetic, Low-Fat, Low-Cholesterol, Low-Sodium, Bland, High-Fiber, and Renal Diets	103
Kidney and Hypertension in Diabetes Mellitus	38
Kidney Disease: Providing Medical and Emotional Support for Patients.	104
Kidney Disease of Diabetes Mellitus: NIDDK Initiatives for the Comprehensive Study of its Natural History, Pathogenesis, and Prevention.	39
Kidney Diseases Associated With Diabetes	40
Kidney Treatment Today	105
Living With Diabetes and Kidney Disease: A One-Day Patient Symposium	41
Living With Diabetes. The Revolutionary Self-Care Diabetes Program Developed by Rockefeller and Cornell University Researchers	106
Long-Term Complications of Diabetes Mellitus	107
Management of the Diabetic Patient With Kidney Disease and Blindness	108
Management of Hypertension in Patients With Concomitant Diseases . . .	42
Meal Pattern	109
Message for People Who Have Diabetes and High Blood Pressure	110
Microalbuminuria and Diabetic Pregnancy.	43
Microalbuminuria and Mortality in Noninsulin-Dependent Diabetes. . . .	44
Minimizing Long Term Complications of Diabetes	125

<u>Title</u>	<u>Citation Number</u>
Nephrology	45
No Time to Lose.	111
Nonglycemic Intervention in Diabetic Nephropathy: The Role of Dietary Protein Intake Diet Therapy.	46
Nutrition and Changing Kidney Function	112
Nutrition: The Art of Good Eating; A Workbook for People on Dialysis	113
Nutrition Education for Risk Factor Reduction and Patient Education: A Review.	47
Nutritional Care of Patients With Renal Failure and Diabetes (Prevention of Malnutrition).	48
Office Nurse and Diabetes Mellitus	82
Patterns of Proteinuria in Diabetes Mellitus: Relevance to Pathogenesis and Prevention of Diabetic Nephropathy	49
Pertinent Data About Kidney Transplantation and Dialysis	114
Population Comparisons of the Frequency of Diabetic Nephropathy.	50
Predisposition to Hypertension and Susceptibility to Renal Disease in Insulin-Dependent Diabetes Mellitus.	51
Preserving Renal Function in the Patient With Diabetes	52
Prevention and Treatment of Five Complications of Diabetes: A Guide for Patients With an Introduction to Day-to-Day Management of Diabetes	115
Prevention and Treatment of Five Complications of Diabetes: A Guide for Primary Care Practitioners (print).	53
Prevention and Treatment of Five Complications of Diabetes: A Guide for Primary Care Practitioners (nonprint)	83
Problem of Diabetic Renal Failure in the Unites States: An Overview.	54
Proceedings of a Seminar on CAPD, Diabetes, and Blindness.	55

<u>Title</u>	<u>Citation Number</u>
Progression and Nonprogression of Chronic Renal Failure in Diabetic Nephropathy: Which Factors are Determinants?	56
Recent Advances in Understanding Mechanisms and Natural History of Diabetic Renal Disease	57
Recurrence of Diabetic Nephropathy in Renal Transplants.	58
Renal Cookbook	116
Renal/Diabetic Diet.	117
Renal Diabetic Diet Instruction Booklet.	118
Renal Diet Manual.	119
Renal Failure and Diabetes	120
Renal Involvement and Diabetic Nephropathy in Diabetic Children. . . .	59
Renal Replacement Therapies for Diabetic Nephropathy	60
Renal Transplantation in Diabetic Patients: The Treatment of Choice	61
Save Your Diabetic Patient From Early Kidney Damage.	62
Selected Aspects of Antihypertensive Therapy: Implications for the Prevention of Target Organ Damage in Black Patients . . .	63
Standards of Care for the CAPD Patient	64
Terminating Dialysis: A Case Study and Public Health Policy Analysis	65
Therapeutic Interventions in Nephropathy of IDDM	66
Transplantation, Hemodialysis, and Continuous Ambulatory Peritoneal Dialysis for End-Stage Renal Disease in Diabetic Patients	67
Treatment of End-Stage Renal Disease in the Diabetic Patient	68
Understanding Kidney Disease	121
Urinary Tract Infection and Diabetes: Diagnosis and Treatment	69

Title

Citation
Number

Utilization of Renal Biopsy in Tracking Diabetes Type I Disease Progress and Treatment.	70
Vascular and Neurologic Complications of Diabetes Mellitus	71
Why Blind Diabetics With Renal Failure Should Be Offered Treatment	72
Your Diabetic Kidney Diet.122

ABOUT NDIC AND NKUDIC

The National Diabetes Information Clearinghouse (NDIC) and the National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC) are resource and referral services supported by the National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health. The clearinghouses, authorized by Congress, are designed to increase the knowledge and understanding of patients, health care professionals, and the public about diabetes mellitus and kidney and urologic diseases.

NDIC and NKUDIC gather and disseminate educational information produced by many sources. The clearinghouses form unique networks among professional, lay, and voluntary associations; government agencies; and other organizations involved with enhancing patient knowledge and understanding of diabetes and kidney and urologic diseases.

The clearinghouses provide the following products and services:

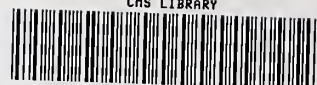
- Distribution of NIDDK publications.
- Maintenance of a computerized database of educational materials that is available to the public on the Combined Health Information Database.
- Response to requests for information from patients, health professionals, and the public.
- Development of annotated bibliographies and topical literature searches on selected topics related to diabetes and kidney and urologic diseases.

To obtain further information or to submit materials to the clearinghouses, please write or call:

National Diabetes Information Clearinghouse
Box NDIC
Bethesda, Maryland 20892
(301) 468-2162

National Kidney and Urologic Diseases
Information Clearinghouse
Box NKUDIC
Bethesda, Maryland 20892
(301) 468-6345

CMS LIBRARY



3 8095 00000156 6

National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Bethesda, Maryland 20892

NIH Publication No. 89-3070
June 1989